



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Secondary Care Inspection Report 18 February 2020



## The Tilery

**Type of Service: Nursing Home**  
**Address: 130 Swanlinbar Road, Florencecourt,  
Enniskillen, BT92 2DZ**  
**Tel no: 028 6634 8811**  
**Inspector: Jane Laird**

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Assurance, Challenge and Improvement in Health and Social Care

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

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

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home registered to provide care for up to 40 persons.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> The Tilery</p> <p><b>Responsible Individual(s):</b> Claire Stranney Stephen Stranney</p>	<p><b>Registered Manager and date registered:</b> Nicola Scovell 13 April 2018</p>
<p><b>Person in charge at the time of inspection:</b> Caoimhe Sweeney, Clinical Lead 11.10 – 12.30</p> <p>Nicola Scovell, Registered Manager 12.30 – 18.00</p>	<p><b>Number of registered places:</b> 40</p> <p>The home is approved to provide care on a day basis for 2 persons and 1 named person in category NH-LD. There shall be a maximum of 2 named residents receiving residential care in category RC-I and 1 named patient in category NH-LD.</p>
<p><b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 38</p>

### 4.0 Inspection summary

An unannounced inspection took place on 18 February 2020 from 11.10 hours to 18.00 hours.

The term 'patient' is used to describe those living in The Tilery which provides both nursing and residential care.

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

Areas for improvement in respect of the previous finance inspection has also been reviewed and validated as required. This is discussed further in 6.1 and 6.2.5 of this report.

Evidence of good practice was identified in relation to communication between patients, staff and other key stakeholders and maintaining good working relationships. Further areas of good practice was identified in relation to the culture and ethos of the home, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas requiring improvement were identified in relation to post falls management, care records, supplementary records and infection prevention and control (IPC). Areas identified at the previous care inspection in relation to control of substances hazardous to health (COSHH) and quality governance audits have been stated for a second time. An area identified at the previous

finance inspection in relation to patients' inventory of property records has been stated for a third and final time.

Patients described living in the home in positive terms. 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
<b>Total number of areas for improvement</b>	*4	*3

\*The total number of areas for improvement includes one regulation and one standard which have been stated for a second time and one standard which has been stated for a third and final time.

Details of the Quality Improvement Plan (QIP) were discussed with Nicola Scovell, Registered Manager and Caoimhe Sweeney, Clinical Lead, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent inspection dated 12 June 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 12 June 2019. 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 care and finance inspections, 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

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 10 February 2020 to 23 February 2020
- incident and accident records
- one staff recruitment and induction file
- staff competency and capability assessments
- three patient care records
- three patient care charts including food and fluid intake charts and repositioning charts
- a sample of governance audits/records
- samples of patients' inventory of property records
- records of any treatment facilitated within the home
- the record of safe contents
- a sample of monthly monitoring reports from December 2019

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as 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 previous inspection(s)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 (4)(b) <b>Stated:</b> First time	The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of patients in the home.	<b>Met</b>
	Specific reference to ensuring that fire doors are not propped open.	
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment evidenced that this area for improvement had been met.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (b) and (c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that cleaning chemicals are suitably labelled and stored in accordance with COSHH regulations.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of cleaning chemicals evidenced that this area for improvement had not been met. This is discussed further in 6.2.</p> <p>Therefore this area for improvement has been stated for a second time.</p>	<p><b>Not met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all relevant notifications are reported to RQIA without delay and that there staff are suitably trained in how to submit notifications in the absence of the manager.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of accident/incident records and notifications evidenced that this area for improvement had been met.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 14.13</p> <p><b>Stated:</b> Second time</p>	<p>The registered person should ensure that where any service is facilitated within the home (such as hairdressing and podiatry), the person providing the service and the service user or a member of staff of the home signs the treatment record or receipt to verify that treatment provided and the associated cost.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of a sample of patient treatment records evidenced that this area for improvement had been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 14.26</p> <p><b>Stated:</b> Second time</p>	<p>The registered person should ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p>	<p><b>Not met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b>                  Review of a sample of patient inventory records evidenced that this area for improvement had not been met. This is discussed further in 6.2.</p> <p>Therefore this area for improvement has been stated for a third a final time.</p>	
<p><b>Area for improvement 3</b>  <b>Ref:</b> Standard 14.9, 14.25  <b>Stated:</b> Second time</p>	<p>The registered person should ensure that the record of safe contents is reconciled to the contents of the safe place at least quarterly. Two members of staff must carry out and sign and date the safe record to evidence the reconciliation.</p> <p>The full date of the reconciliation (as opposed to month and year only) should be recorded.</p> <p><b>Action taken as confirmed during the inspection:</b>                  Review of a sample of safe content reconciliation records evidenced that this area for improvement had been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b>  <b>Ref:</b> Standard 38  <b>Stated:</b> First time</p>	<p>The registered person shall ensure that before making an offer of employment a pre-employment health assessment is obtained in line with guidance and best practice.</p> <p><b>Action taken as confirmed during the inspection:</b>                  Review of staff recruitment records evidenced that this area for improvement had been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time</p>	<p>The registered person shall ensure that robust management systems are appropriately established to effectively monitor and report on the safe delivery of care in the home.</p> <p>The registered manager must ensure;</p> <ol style="list-style-type: none"> <li>1. Environmental audits include all areas of the environment.</li> <li>2. There is a system in place to ensure that assessments in relation to registered nurse competency and capability are carried out on at least a yearly basis or more often if deemed necessary.</li> </ol>	<p><b>Not met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b> Review of a sample of governance records/audits confirmed that this area for improvement had not been met. This is discussed further in 6.2.</p> <p>Therefore this area for improvement is stated for a second time.</p>	
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## 6.2 Inspection findings

### 6.2.1 Staffing provision

On arrival to the home at 11.10 hours we were greeted by staff who were helpful and attentive and appeared confident in their delivery of care. The majority of patients were seated within one of the lounges whilst others remained in their bedroom, as per their personal preference or their assessed needs. The staff were observed to use every interaction as an opportunity for engagement with patients and they demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff.

We reviewed staffing rotas from 10 February 2020 to 23 February 2020 which evidenced that the planned staffing levels were adhered to. Staff spoken with confirmed that they were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff also stated that they felt supported by the manager. Comments included:

- "Very supported in my role."
- "Manager very approachable."
- "Really love it here."
- "Lots of training."
- "Great team."

The manager confirmed that level 2 training specific to the Mental Capacity Act (Northern Ireland) 2016 Deprivation of Liberty Safeguards (DoLS) had been completed by the majority of staff. On discussion with staff they demonstrated a general knowledge of what a deprivation of liberty is but were uncertain on the processes involved to ensure the appropriate documentation is implemented. We further identified that the homes policy in relation to DoLS was not in accordance with current legislation. During the inspection the manager confirmed that further dates were scheduled for level 3 training for relevant staff and that the DoLS policy would be updated to reflect current legislation.

Discussion with staff evidenced that care staff were required to attend a handover meeting at the beginning of each shift. Staff understood the importance of handover reports in ensuring effective communication and confirmed that this was part of their daily routine.

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 management or the nurse in charge.



## Areas for improvement

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

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

### 6.2.2 Patient health and welfare

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in The Tilery.

Patients' bedrooms were personalised with possessions that were meaningful to them and reflected their life experiences. The home was found to be warm and comfortable throughout. The manager confirmed that a review of the environment is carried out on a monthly basis by management and any areas identified as requiring redecorating are actioned with timeframes established. The manager also confirmed that any furniture/equipment identified during the inspection as damaged would be repaired and/or replaced where necessary. This is discussed further in 6.2.4.

Consultation with 11 patients individually, and with others in small groups, confirmed that living in The Tilery was a positive experience. Patients said:

- "Really like it here."
- "Plenty of good care here."
- "The staff are marvellous."
- "Food is quite good."
- "There are lovely people working here."

Patient representatives/visitors spoke positively in relation to the care provision in the home. They said:

- "Care is very good."
- "Everyone is very happy and well looked after here."
- "No concerns."
- "Very friendly staff working here."

We observed the serving of the lunchtime meal which commenced at 12.30 hours. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately, however, we identified one member of staff assisting patients with their meal from a standing position. On discussion with the staff member they acknowledged the importance of assisting patients with their meals in a dignified manner and were observed to be seated thereafter. This was discussed with the manager who agreed to monitor the dining experience more closely to ensure that a dignified approach is maintained when providing such assistance.

We observed a chemical on the domestic trolley unlabelled and discussed this with the manager regarding the importance of ensuring that all chemicals used within the home are appropriately

labelled. This was identified as an area for improvement at the previous care inspection and has been stated for a second time.

Topical preparations were observed within a patient's ensuite without a label to indicate the name of the patient or the date of opening. On review of the patient's medication records the topical preparation should have been discontinued. This was discussed with the manager who liaised with the general practitioner (GP) and the topical preparation was removed from the patient's ensuite and the medication records were updated.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA which verified that records were maintained appropriately and notifications were submitted in accordance with regulation. However, it was identified that following two unwitnessed falls staff did not fully complete neurological observations as per guidelines. This was discussed in detail with the manager and an area for improvement was identified.

### Areas for improvement

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

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

### 6.2.3 Management of patient care records

Review of three patient care records evidenced that care plans were mostly in place to direct the care required and generally reflected the assessed needs of the patients. However, on review of daily progress notes there were inconsistencies in the recording of daily fluid intake over a 24 hour period and the recommended dietary/fluid type with the daily set fluid target was not documented within all patient care plans. On review of an identified patient's care plan for moving and handling there was limited information to direct care staff regarding the type of hoist to be used. We further identified a number of care plans for one patient that had not been consistently reviewed and the bowel type and normal frequency were not included within the patient's care plan. The above deficits were discussed in detail with the manager and identified as an area for improvement.

On review of supplementary recording charts we identified inconsistencies within the recording of patients recommended fluid intake target and dietary type/fluid consistency to direct care staff. We further identified gaps where dietary/fluid intake had not been recorded for several hours. We also reviewed a sample of repositioning records and identified that there were gaps within the charts where patients had not been repositioned as per their care plan and the recommended frequency of repositioning was not always documented on the chart to direct staff. The manager acknowledged the shortfalls in the documentation and stated that they had recently implemented new recording charts which were on a trial phase but agreed to review the charts and discuss with relevant staff the importance of accurately documenting within patients care records. This was identified as an area for improvement.

### Areas for improvement

Areas for improvement were identified in relation to care records and supplementary records.

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

#### 6.2.4 General environment

We observed inappropriate storage of patient equipment within a day room and brought this to the attention of the clinical lead. We further observed boxes and multiple commode lids inappropriately stored within a communal bathroom. The equipment was removed during the inspection and a discussion was held with the manager regarding the importance of ensuring that these rooms are used for the purpose to which they have been registered. The manager agreed to discuss storage arrangements with the responsible individual. This will be reviewed at a future inspection.

A number of infection prevention and control (IPC) deficits were identified in relation to the cleanliness of furniture/equipment within patients' bedrooms and bathrooms. The underneath of identified patient equipment evidenced that these had not been effectively cleaned following use, and urinal bottles were observed on top of a number of communal toilets. Bedframes and over bed tables within identified patient bedrooms were observed to be damaged and therefore not able to be effectively cleaned. We further identified that there was no colour coding system in place for the use of cloths and mops for cleaning within the home in accordance with IPC and best practice. The above deficits were discussed in detail with the manager and an area for improvement was identified.

#### Areas for improvement

An area for improvement was identified in relation to infection prevention and control (IPC).

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

#### 6.2.5 Management and governance of the home

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded.

We reviewed a sample of patients' property records and identified that there was no evidence available to confirm that they had been reviewed and updated over time. During the previous finance inspection, it was also highlighted that records of personal property should be reconciled and signed and dated by a staff member and countersigned by a senior member of staff on at least a quarterly basis. This was an area that had been identified at the previous finance inspection and has been stated for a third and final time.

A number of audits were completed on a monthly basis by the management team to ensure the safe and effective delivery of care. Falls in the home were monitored on a monthly basis for any patterns and trends which provided the location, time and nature of the fall. IPC, care records, wound care, hand hygiene and environment audits were also carried out monthly. However, on review of the IPC issues identified during inspection a discussion was held with the manager around the effectiveness of the environmental audits. On review of competency and capability assessments for registered nurses we identified that there was no system in place to direct the

manager when these were next due. An area for improvement that was identified at the previous care inspection in relation to quality governance audits has been stated for a second time.

On review of the monthly monitoring visit reports it was identified that the previous quality improvement plans (QIP) from RQIA inspections had not been reviewed. Considering a number of these areas for improvements have been stated for a second/third time a discussion was held with the manager regarding the importance of reviewing the QIP regularly to ensure that the necessary improvements have been met and sustained. The manager agreed to communicate this with the monitoring personnel during their next visit and to include this in the reports going forward. This will be reviewed at a future inspection.

## Areas for improvement

There were no new areas for improvement identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	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 Nicola Scovell, Registered Manager and Caoimhe Sweeney, Clinical Lead, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 7.1 Areas for improvement

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

### 7.2 Actions to be taken by the service

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (b) and (c)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With Immediate effect</p>	<p>The registered person shall ensure that cleaning chemicals are suitably labelled and stored in accordance with COSHH regulations.</p> <p>Ref: 6.1 and 6.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All cleaning chemicals are suitably labelled with individual labels and stored in accordance with COSHH. All staff are aware of where COSHH data sheets are located.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (1) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that all unwitnessed falls are managed in line with current best practice and that neurological observations are obtained.</p> <p>Ref: 6.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> A neurological observation file is in place and all registered nurses are familiar with same. Company policy and procedures are also located in this file. All nurses have been informed that unwitnessed falls must have neuro observations commenced and records kept in residents files.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With Immediate effect</p>	<p>The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.</p> <p>With specific reference to ensuring that:</p> <ul style="list-style-type: none"> <li>• Care plans contain patients recommended dietary type/fluid consistency and daily fluid target.</li> <li>• The patients normal bowel type and frequency are included in care plans.</li> <li>• Where a hoist is required the name/type of hoist must be included within the patients care plan.</li> </ul> <p>Ref: 6.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All nurses have been informed that residents care plans must contain specific reference to dietary and fluid consistency and recommended target. Normal bowel type and frequencies are also recorded in care plans. The type of equipment used are also recorded within the care plan. All care plans will be evaluated if circumstances change or a</p>

	minimum of a monthly basis.
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<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With Immediate effect</p>	<p>The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> <li>• Storage of equipment</li> <li>• Cleaning of patient equipment following use</li> <li>• Colour coding system for the use of cloths and mops for cleaning</li> </ul> <p>Ref: 6.2.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All staff made aware that equipment must be removed and placed into appropriate storage and not left in communal areas. this is monitored daily by Management and Nursing staff. Cleaning of equipment is decontaminated after every use and regular spot checks completed by nursing staff, any shortfalls identified the nursing staff address with the care staff and rectify immediately. Domestic staff have received one to one discussions with head housekeeper / manager on the colour coding of mops, buckets and cloths.</p>
<p><b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 14.26</p> <p><b>Stated:</b> Third and final time</p> <p><b>To be completed by:</b> 18 March 2020</p>	<p>The registered person should ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.1 and 6.2.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Senior care staff have completed property inventory of belongings of all residents in the care home. Each have been delegated as keyworkers for a group of residents. Each inventory has been countersigned by a member of the senior staff, this is scheduled for every quarter and senior care staff are aware of when to recommence.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 18 March 2020</p>	<p>The registered person shall ensure that robust management systems are appropriately established to effectively monitor and report on the safe delivery of care in the home.</p> <p>The registered manager must ensure:</p> <ol style="list-style-type: none"> <li>1 Environmental audits include all areas of the environment.</li> <li>2 There is a system in place to ensure that assessments in relation to registered nurse competency and capability are carried out on at least a yearly basis or more often if deemed necessary.</li> </ol>

	Ref: 6.1 and 6.2.5
	<p><b>Response by registered person detailing the actions taken:</b>                  New enviromental audits have been compiled from exsisting audits and emalgmated into one audit this is completed on a minimum of a monthly basis and action plan issued to relevant staff. After actions are completed the registered person will check and sign actions completed.                  All nursing staff have now completed yearly competency / capability assessments these will be updated yearly or more frequently if required.</p>



<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With Immediate effect</p>	<p>The registered person shall ensure that all nursing interventions are appropriate to the individual patients needs and supported by current evidence and best practice guidelines.</p> <p>Specific reference to supplementary recording charts:</p> <ul style="list-style-type: none"> <li>• Recommended dietary type and fluid consistency to be recorded on daily intake charts to direct relevant care.</li> <li>• Twenty-four hour fluid intake to be entered into the patients daily progress notes.</li> <li>• The frequency of repositioning to be recorded on daily recording charts to reflect the current care plan.</li> </ul> <p>Ref: 6.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The current version of supplementary care charts have been removed and reverted back to the previous version as these work well.</p> <p>Staff instructed to total fluid intake over 24 hours and record in residents notes and handover so it is clear if there is any deficit. Staff will act appropriately.</p> <p>Frequency of repositioning will be recorded on daily charts and in careplan for ease of access.</p>

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



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