



# Unannounced Care Inspection Report

## 12 June 2019



## 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 registered nursing home which provides 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> Rosie McGowan, Registered Nurse 10.00 – 10.30. Nicola Scovell, manager 10.30 – 16.10.</p>	<p><b>Number of registered places:</b> 40</p> <p>The home is approved to provide care on a day basis to 2 persons. There shall be a maximum of 2 named residents receiving residential care 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. LD – Learning disability under 65 years</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 36</p>

### 4.0 Inspection summary

An unannounced inspection took place on 12 June 2019 from 10.00 to 16.10.

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

The inspection assessed progress with all areas for improvement identified in the home since the last care, estates and finance inspections 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 induction, training, adult safeguarding, wound care audits, management of complaints and incidents, 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 staff recruitment, fire safety, control of substances hazardous to health (COSHH), timely reporting of notifications and governance of assessments/audits. Areas that have been stated for a second time are in relation to ensuring that records of any treatment facilitated within the home (for which there is an additional cost to the service user or their representative) are signed by both the person providing the treatment and a member of staff; ensuring that records of personal property is reconciled and signed and dated by a staff member and countersigned by a senior member of staff on at least a quarterly basis and ensuring that the "Record of valuables kept for patients" is reconciled to the contents of the safe at least quarterly, with the record signed and dated by two members of staff.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/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
<b>Total number of areas for improvement</b>	3	*5

Details of the Quality Improvement Plan (QIP) were discussed with Nicola Scovell, 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.

#### 4.2 Action/enforcement taken following the most recent inspection dated 8 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 8 January 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 inspection findings including estates and finance issues, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 3 June 2019 to 16 June 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 files
- three patient care records
- five patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of monthly monitoring reports for April 2019 and May 2019
- RQIA registration certificate
- Samples of patients' income and expenditure records; reconciliation records for money and valuables and patients' inventory of property records
- The record of safe contents
- A sample of records relating to the estates of the home

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

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

## 6.0 The inspection

### 6.1 Review of outstanding areas for improvement from previous inspection(s)

Areas of improvement identified at previous care inspection have been reviewed. Of the total number of areas for improvement all two were met.

Areas of improvement identified at previous estates inspection have been reviewed. Of the total number of areas for improvement all three were met.

Areas of improvement identified at previous finance inspection have been reviewed. Of the total number of areas for improvement three were met, one was partially met and two were not met. These have been included in the QIP at the back of this report.

## 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.**

On arrival to the home we received a warm welcome from the activity coordinator who directed us to the nurse in charge. Staff were friendly and appeared confident in their care delivery. Patients were mainly seated in one of the lounges having finished their breakfast, whilst others were either seated in their bedroom or in bed as per their personal preference.

On observation of the staffing provision and review of the duty rota we were assured that there was an appropriate skill mix and quantity of staff to deliver care effectively. Staff spoke positively about the management and ethos of the home. Comments included; "Very supported", "Great team", "I love working here". The manager confirmed that there was ongoing recruitment for suitably skilled care assistants and registered nurses to ensure that a full complement of staff are available to meet the needs of the patients and to maintain a high standard of care delivery.

Patients spoken with were very complimentary of the staff and expressed that they felt valued and safe living in The Tilery. Comments included; "The owners are the most supportive, empathetic and caring people I have met and the staff are equally as compassionate", "Feel very happy and very safe here" and "They would do anything for me".

On review of one staff recruitment record it was evident that an enhanced AccessNI disclosure had been sought, received and reviewed prior to commencing work. However, a pre-employment health assessment had not been obtained prior to the commencement of employment in line with best practice. This was discussed with the manager who advised that this is normal practice however on this occasion it had been over looked. This was identified as an area for improvement.

A number of audits were completed on a monthly basis by the manager and/or deputy manager 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. Infection prevention and control, care records, hand hygiene and environment audits were also carried out monthly.

We discussed the provision of mandatory training with staff and reviewed staff training records which were also well maintained. 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.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care assistants with the Northern Ireland Social Care Council (NISCC). Competency and capability assessments were reviewed for registered nurses which evidenced that they were overdue. The manager acknowledged that this required urgent attention to ensure that they are competent to take charge of the home in the absence of the manager and agreed to have these completed over a two week period. This is discussed further in 6.6.

A review of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. However, we observed a patients bedroom door being held open with a foot stool and the door within the kitchen laundry area wedged open. This was discussed with the nurse in charge who removed the foot stool and notified the manager. The fire device holder attached to the bedroom door was reviewed and repaired by the maintenance person immediately. The kitchen laundry door was brought to the immediate attention of the head cook who removed the wedge. Fire safety was discussed with the manager who agreed to monitor this type of practice going forward and discuss with staff as necessary. This was identified as an area for improvement.

There were a number of over bed tables damaged and fabric to pressure relieving cushions torn which were not identified through the environmental audit as they had not been included as part of the audit. A discussion was held with the manager regarding the need to review the audit and add other aspects of the environment which would provide a more detailed overview of areas that require improvement. The manager agreed to update the audit and repair/replace any identified damaged furniture/equipment. This was identified as an area for improvement.

We observed two sluice room doors that were unlocked. There were chemicals evident inside both rooms and the environment posed a potential risk to patients. It was also identified that some of the chemicals were not labelled. This was discussed with the manager and assurances were received that both doors would be kept locked going forward and all chemicals suitably labelled. The manager further stated that staff would be reminded regarding the supervision of chemicals when working with them. This was identified as an area for improvement.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, induction, training, adult safeguarding.

**Areas for improvement**

The following areas were identified for improvement in relation to staff recruitment, fire safety and COSHH.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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 care plans were in place to direct the care required and generally reflected the assessed needs of the patient. However, the terminology utilised for continence products within care plans for identified patients was discussed with the manager as not being appropriate. The manager agreed to amend these care plans immediately and to review all areas of the home that may have notices for staff in relation to this type of terminology. We reviewed the management of nutrition, patients’ weight, management of infections and wound care. There was evidence of regular communication with representatives

within the care records. A system was also in place to audit patient care records and each patient had a key worker. A daily record had been maintained to evidence the delivery of care and there was evidence that the care planning process included input from patients and/or their representatives, if necessary.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician. Patients were routinely assessed against the risk of reduced nutrition using a recognised Malnutrition Universal Screening Tool (MUST). Supplementary care charts such as, repositioning and fluid intake records evidenced that contemporaneous records were maintained on most occasions.

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. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other health care professionals. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

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

**Areas of good practice**

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

**Areas for improvement**

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

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

**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.**

The staff were observed to use every interaction as an opportunity for engagement with patients. There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff. This was particularly evident for those patients who were unable to participate in group activities/communal events where staff facilitated the patient’s favourite music or relaxation therapy.



Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. On the day of the inspection there were two activity coordinators who were very enthusiastic with their role. Care records contained the social history of the patients and their preferences in relation to activities. We discussed the current method of informing patients what activities were planned for the day/week and the format of the display. Both activity coordinators welcomed suggestions to improve the activity schedule so as to create a more colourful and interesting display and agreed to implement this going forward. The outdoor garden space and grounds were well maintained and the home had their own dog, horse, birds and fish. Patients were observed visiting the animals with the activity coordinators during the inspection and the interactions appeared to be very positive.

Patients' bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. Patients and staff spoken with were complimentary in respect of the home's environment.

We observed the serving of the lunchtime meal. Lunch commenced at 12.30. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime and were observed to encourage patients with their meals in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors as required. A range of drinks were offered to patients and they appeared to enjoy the mealtime experience. 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. The menu which was on display within the dining room and offered a choice of two main meals, however, the format of the menu was small and difficult to read. This was discussed with the manager who agreed to review the template and implement a more suitable display. This will be reviewed at future inspection.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"Thank you all so much for all the care and friendship you gave to my dear ....."

"Thank you so very much for everything"

Consultation with 15 patients individually, and with others in small groups, confirmed that living in The Tilery was a positive experience.

Patient comments:

"Staff are good here"

"Great place. I really like living here"

"Very kind staff here"

"Feel happy and very safe here"

"I cannot praise the place enough"

"The food is excellent"

Representative's comments:

"No concerns"

"It's alright here"

"Care is excellent"

"Enough staff. Just excellent staff and very kind"

Four questionnaires were returned patient representatives. The respondents were very satisfied with the service provision across all four domains. Comments included; “Very well cared for”, “They are always gentle”, “Everything is always as it should be regardless of the time” and “Communication between staff and relatives is good”.

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, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

### Areas for improvement

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

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

#### 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

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 capacity in which these were worked were recorded. It was identified that the full name of the employees was not documented within the duty rota. This was discussed with the manager and a copy of the duty rota was amended prior to the completion of the inspection. Discussion with the staff and patients evidenced that the managers working patterns supported effective engagement with patients, their representatives and the multidisciplinary team. Staff were able to identify the person in charge in the absence of the home manager.

The certificate of registration issued by RQIA was appropriately displayed in the front office of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home and identified that a notification had not been submitted in accordance with regulation. This was discussed with the manager who submitted a notification retrospectively. The manager stated that she was on leave when the accident occurred and agreed to ensure that relevant staff who are in charge of the home in the absence of the manager are suitably trained in how to submit notifications. This was identified as an area for improvement.

As previously discussed in 6.3 the manager acknowledged that the assessment for competency and capability of registered nurses was overdue and required urgent attention. Written confirmation was received from the manager following the inspection confirming that all registered nurses have had an assessment carried out to ensure that they are competent and capable to take charge of the home in the absence of the manager. The manager further confirmed that the areas discussed in 6.3 in relation to the environment have been added to the environmental audit. The manager acknowledged that as part of her role the governance of assessments and audits was her responsibility and this was identified as an area for improvement.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis and copies of the report were available for patients, their representatives, staff and trust representatives.

Staff confirmed that there were good working relationships in the home and that management were supportive and responsive to any suggestions or concerns raised.

### **Assessment of premises**

We reviewed a sample of documents relating to maintenance checks of weekly fire detection and alarm user tests, monthly emergency lighting checks and the most recent fire risk assessment. We also reviewed documents in relation to tests on the electrical installation and servicing of the thermostatic mixing valves which evidenced that all documents reviewed were maintained in accordance with current health and safety guidelines.

### **Management of service user's monies**

Records were available and clearly labelled for inspection in the home. This was identified as an area for improvement at the previous finance inspection and has been suitably addressed.

We reviewed a sample of patients' income and expenditure records which evidenced that the financial ledger format used was clear and accurately detailed transactions for patients.

We reviewed a sample of invoices for hairdressing and podiatry services and identified that they were not signed by the person providing the service and a member of staff of the home to verify that the treatment provided had taken place and the associated cost was due by the patient. This was an area that had been identified at the previous finance inspection and has been stated for a second time.

We reviewed a samaple 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 second time.

On review of the record of safe contents, two members of staff had signed and dated the safe record to evidence the reconciliation, however, we identified that this was being completed every four months instead of at least quarterly. This was an area that had been identified at the previous finance inspection and has been stated for a second time.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

## Areas for improvement

The following areas were identified for improvement in relation to the timely reporting of notifiable events and the overall governance of assessments and audits.

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

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Nicola Scovell, registered manager, 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>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (4)(b)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of patients in the home.</p> <p>Specific reference to ensuring that fire doors are not propped open.</p> <p>Ref: 6.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            the The registered person has informed all staff that fire doors are not to be propped open, if doors need to be kept open management shall install automatic door closures.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14 (2) (a) (b) and (c)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that cleaning chemicals are suitably labelled and stored in accordance with COSHH regulations.</p> <p>Ref: 6.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            the registered person shall ensure that all chemicals are labelled properly in accordance with COSHH and all relevant staff have been informed.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<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> <p>Ref: 6.6</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            The registered person has trained all key staff and admin on how to submit notifications in the absence of management to ensure no delay.</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>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 14.13  <b>Stated:</b> Second time	<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>

<p><b>To be completed by:</b> With immediate effect</p>	<p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> The registered person that all services facilitated within the home have been advised that if a service is provided to a resident, a member of staff or family member signs the treatment record or receipt to verify cost or treatment provided. Staff have also been informed they must sign the same.</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><b>To be completed by:</b> 12 August 2019</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: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> the registered person shall ensure all staff are informed that on admission an inventory of belongings must be recorded and updated on a minimum of a quartly basis and signed by a senior member of staff.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 14.9, 14.25</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 31 August 2019 and at least quarterly thereafter</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>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> Manager and administrator will reconcile safe contents quartly and full date shall be recorded.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 38</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 before making an offer of employment a pre-employment health assessment is obtained in line with guidance and best practice.</p> <p>Ref: 6.3.</p> <p><b>Response by registered person detailing the actions taken:</b> All applications for employment will have a full pre employment health assessment form completed inline with best practice prior to commencement date.</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 July 2019</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>Ref: 6.6</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The registered Manager shall ensure:</p> <ol style="list-style-type: none"> <li>1. The environmental audits now include all areas of the environment, this shall be carried out on a monthly basis.</li> <li>2. All nurses within the nursing home have had competence and capability assessments carried out, these shall be updated annually.</li> </ol>

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

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