

Unannounced Care Inspection Report

25 July 2017



Knockagh Rise

Type of Service: Nursing Home (NH)
Address: 236 Upper Road Greenisland, BT38 8RP
Tel no: 028 9085 5930
Inspector: Lyn Buckley

www.rgia.org.uk

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 29 persons.

3.0 Service details

Organisation/Registered Provider: Knockagh Rise Limited Responsible Individual(s): Mr Malcom James Wilson	Registered Manager: See below
Person in charge at the time of inspection: Wendy Turkington - Registered Nurse	Date manager registered: Mrs Ethel Colquhoun – Acting Manager
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. Residential Care (RC) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of registered places: 29 comprising: 23 – NH-I, PH and PH(E) 6 – RC – I, PH and PH(E)

4.0 Inspection summary

An unannounced inspection took place on 25 July 2017 from 11:10 to 15:15 hours.

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.

The term 'patient' is used to describe those living in Knockagh Rise 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.

Evidence of good practice was found in relation to the maintaining of good relationships within the home; effective communication, staff knowledge of patient preferences and care delivery. The culture and ethos of the home promoted treating patients with dignity and respect.

Areas requiring improvement were identified in relation to the day to day operation control and management of governance systems to assure the quality of nursing care and services delivered.

Patients said that they were satisfied with the care and services provided and described living in the home, in positive terms.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*4	3

*The total number of areas for improvement include one area for improvement, under regulation, which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with the nurse in charge and Mr James Wilson, responsible individual, 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 4 May 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 4 May 2017. 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

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing .
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with five patients individually and with others in small groups, seven staff and two patients' relatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

The following records were examined during the inspection:

- duty rota for nursing and care staff from 26 June to 6 August 2017
- records to confirm registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for 2017
- incident and accident records
- three patient care records
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 4 May 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP was validated by the care inspector during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 4 May 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 29 Stated: Third and final time	The registered provider shall ensure that reports from visits undertaken on behalf of the responsible individual and in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 – regulation 29, are available in the home.	Met
	Action taken as confirmed during the inspection: Review of records evidenced that this area for improvement had been met.	
Area for improvement 2 Ref: Regulation 16 Stated: Second time	The registered provider shall ensure that up to date care plans are in place to meet patients' nutritional needs regarding therapeutic diets and the management of weight loss. Care plans shall be; <ul style="list-style-type: none"> • reflective of recommendations made by healthcare professionals • reviewed on a regular basis by registered nursing staff. 	Met
	Action taken as confirmed during the inspection: Review of care records and quality monitoring report for June 2017; and discussion with the nurse in charge of the home evidenced that this area for improvement had been met.	

Area for improvement 3 Ref: Regulation 13 (1) Stated: First time	<p>The registered provider shall ensure that governance audits are undertaken on a regular basis to promote and make proper provision for the nursing, health and welfare of patients.</p> <p>Action taken as confirmed during the inspection: This area for improvement was first stated in January 2017. It was disappointing that despite the setting up of a governance system the acting manager had only undertaken two governance audits with a third in progress. Following review of records and discussion with the responsible person this area for improvement is stated for a second time.</p>	Not met
Area for improvement 4 Ref: Regulation 12 Stated: Second time	<p>The registered provider shall ensure that patients' weight is monitored on a regular basis and in accordance with DHSSPS Care Standards for Nursing Homes (2015) – Standard 12 and recommendations from healthcare professionals.</p> <p>Action taken as confirmed during the inspection: Review of records and discussion with the nurse in charge evidenced that this area for improvement had been met.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 37 Stated: First time	<p>The registered provider should consider how records maintained by the home are managed. For example, patient information regarding weights, if held centrally, could be held in a bound book rather than a spiral type book to ensure information is not lost.</p> <p>If required, advice can be sought from the Information Commissioner's Office.</p> <p>Action taken as confirmed during the inspection: Review of records and discussion with the nurse in charge evidenced that this area for improvement had been met.</p>	Met

6.3 Inspection findings

6.4 Is care safe?

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

The nurse in charge confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 26 June to 6 August 2017 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily. 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.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via questionnaires; two were returned following the inspection. The respondents answered "no" to the question, "Are there sufficient staff to meet the needs of the patients?" One respondent referred to the timely removal of waste bags and the timely repair of faulty wheelchairs. The second respondent recorded, "Not all the time." Review of duty rotas evidenced that short notice leave was "covered." As detailed in the preceding paragraph, we were satisfied that staffing levels were kept under review and managed.

Patients spoken with during the inspection commented very positively regarding the staff and the care delivered, and that when they required assistance staff attended to them in timely manner. We also sought the patients' opinions on staffing via questionnaires; two were returned indicating that there was sufficient staff to meet their needs during the day. One respondent indicated that "more staff were needed on night duty." Discussion with the nurse in charge and review of duty rotas indicated that staffing levels for night duty were; one registered nurse and two care staff on duty overnight. A 'twilight shift' was also planned and was provided the majority of evenings. We were informed that management were interviewing for this post to ensure the shift was filled each evening. As stated previously we were satisfied that staffing levels were kept under review and managed. Staffing will be reviewed again as part of the next care inspection.

We sought other relatives' opinion on staffing via questionnaires; three completed questionnaires were returned. All respondents indicated that staff had enough time to care for their relatives. One relative recorded the following, "Home is very welcoming staff friendly and available to answer one's questions."

A review of records confirmed that a process was in place to enable the regular monitoring of the registration status of registered nurses with the NMC and care staff registration with the NISCC. However, there was no evidence that the acting manager had checked the registration of staff since October 2016. Review of the monthly quality monitoring report, undertaken on 27 June 2017 on behalf of the responsible individual, evidenced that this area of concern had been discussed with the acting manager. The inspection findings were discussed with the responsible person who agreed to undertake checks as a matter of urgency and to confirm, by email, when this had been completed. An area for improvement, under the regulations, was made.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2017. Records confirmed that staff had received moving and handling and fire safety training in June 2017. Staff confirmed training was arranged regarding record keeping and care planning to assist with the ongoing care record audit. However, it was difficult to determine what training staff had already received in 2017, as overview records were not maintained. This was also identified as a concern by the person undertaking the monthly quality monitoring report for 27 June 2017. An area for improvement, under the standards, was made.

Observation of the delivery of care evidenced that training, such as moving and handling training, had been embedded into practice. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the nurse in charge, confirmed that there were arrangements in place to embed the new regional safeguarding policy and operational procedures into practice.

Review of three patients' care records evidenced that a range of validated risk assessments were completed as part of the admission process and that these assessment were reviewed regularly and informed the care planning process.

We were unable to review accident/incident records prior to June 2017 as these could not be found. An area for improvement under regulation was made. Review of records from 1 June 2017 evidenced that at least one accident, which resulted in a head injury, had not been notified to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. This was concerning as a previous area for improvement regarding notification under Regulation 30 had been evidenced as being met during the previous care inspection in May 2017. An area for improvement under regulation was made.

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, sluice rooms, lounges, the dining room and storage areas. The home was found to be tidy, warm, well decorated, fresh smelling and clean throughout. Housekeeping staff were commended for their efforts.

Overall, infection prevention and control measures were adhered to and personal protective equipment (PPE) such as gloves and aprons were available throughout the home.

Fire exit routes and corridors were kept free from obstruction and fire doors were appropriately maintained.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff knowledge of adult safeguarding, safe moving and handling practices, infection prevention practices and the standard of hygiene and cleanliness of the home's environment.

Areas for improvement

Areas for improvement were identified in relation to the management of NMC and NISCC registration checks for nursing and care staff; the availability of accident/incident records; the notification of accidents/incidents to RQIA and the management of staff training records.

	Regulations	Standards
Total number of areas for improvement	3	1

6.5 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 improvements in care planning and review and that care plans were in place to direct the care required. Nursing staff spoken with were aware of professional requirements to review and update care plans as the needs of patients' change. Staff also demonstrated awareness of the need to review and update care plans when recommendations were made or changed by other healthcare professionals such as, the district nurse, the speech and language therapist (SALT) or the tissue viability nurse (TVN). In addition it was good to note that the person undertaking the monthly quality monitoring visits on behalf of the responsible individual was monitoring the progress of care planning and record keeping in general. A care file audit was ongoing and training had been planned for 2 August 2017 for registered nurses.

We reviewed the management of pressure area care, falls, nutrition and weight loss. Care records contained details of the specific care requirements in each of the areas reviewed and a contemporaneous record was maintained to evidence the delivery of care. Care records also reflected that, where appropriate, referrals were made to healthcare professionals such as TVN, SALT, dieticians, care managers and General Practitioners (GPs).

Care plans reviewed to assess the management of pressure area care/repositioning and therapeutic diets indicated that the care plans had been reviewed on at least a monthly basis and that they were reflective of recommendations made by SALT. Review of repositioning and food intake charts also confirmed that the required care was being delivered, as planned. Advice was provided that SALT recommendations no longer applicable are archived.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their immediate line manager/nurse in charge of the shift.

Staff spoken with and records reviewed evidenced that staff meetings, supervisions and appraisals, had not been held in 2017. Records reviewed confirmed that a planning process had been put in place by the responsible person, however the records were blank. This concern was also identified within the monthly quality monitoring report reviewed. An area for improvement, under the standards, was made.

Patients and relatives spoken with expressed their confidence in raising concerns with the home's staff/management.

Discussion with the responsible individual confirmed that he had held a meeting with relatives on 17 July 2017; minutes of this meeting were available for review. In addition to the meeting a questionnaire had been sent to all patients and their relatives regarding the provision of activities. Some initial feedback was available for review and the responsible individual confirmed that a review of the activities programme was to be completed following the consultation period. This is good practice.

A record of patients including their name, address, date of birth, marital status, religion, date of admission and discharge (where applicable) to the home, next of kin and contact details and the name of the health and social care trust personnel responsible for arranging each patients admission was held in a register. Review of the register indicated that it was not reflective of the home's occupancy, as discussed at the commencement of the inspection. The nurse in charge reviewed the record and made the required adjustments before the conclusion of the inspection. However, an area for improvement, under the standards, was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, effective communication between patients, staff and other key stakeholders such as TVNs, dieticians, or GPs and the delivery of care reviewed during this inspection.

Areas for improvement

The following areas were identified for improvement in relation to the organisation of regular staff meetings, supervisions and appraisals; and the maintenance of the patient register.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 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.

We arrived in the home at 11:10 hours and were greeted by staff who were helpful and attentive. Patients were enjoying a morning cup of tea/coffee in the sitting areas/lounge or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice depending of which they preferred and staff were observed assisting patients to drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect in relation to how they spent their day and care delivery. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Patients able to communicate their feelings indicated that they enjoyed living in Knockagh Rise.

Comments made to the inspector included;

"It is very good here, staff are lovely; they come when I call."

"I like it here, I can suit myself."

"Very good here, food good and plenty of it, I have no worries, I am content."

One patient expressed the view that they did not wish to live in the home but had to accept it for now. This was not said in criticism of the home or staff.

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.

Ten patient questionnaires were issued; two were returned within the timescale for inclusion in this report. Both respondents recorded that they were satisfied with the care provided across three of domains inspected. One respondent recorded that they were 'unsatisfied' within the domain – Is the service well led? No further comments were recorded in relation to this response.

We were able to speak with two relatives. Both commented very positively regarding the care their loved ones received and staff attitude.

Ten relative questionnaires were issued; three were returned within the timescale for inclusion in this report. Relatives indicated that they were very satisfied or satisfied with the care provided across the four domains. One additional comment was recorded as follows, "Home is very welcoming, staff friendly and available to answer one's questions."

We spoke with seven staff during the inspection. Staff were asked questions regarding the provision of care and services for patients across all of the domains inspected. Concerns were raised regarding the day to day operation of the home and the conduct of a named staff member. Details were discussed with the responsible individual during feedback and RQIA were assured that the areas of concern identified would be addressed.

Ten questionnaires were issued to staff and two were returned within the timescale for inclusion in this report. Staff members responded that they were very satisfied or satisfied that care was safe, effective and compassionate. However, staff recorded that they were unsatisfied or very unsatisfied with the domain – Is the service well led? Comments recorded within the questionnaires reflected the areas of concern raised by staff consulted during the inspection.

Any comments from patient, relatives and staff in returned questionnaires received after the return date will be shared with the registered person for their information and action as required.

Observation of the serving of the lunch time meal and discussion with patients evidenced that experience was a pleasure for them. Staff were observed to be discreet in offering assistance and when assistance was required this was appropriate and sensitively delivered. The menu on offer consisted of a pasta dish or salad and a dessert of strawberry sponge or rice pudding. The tea time choice was either steak pie or chicken bake with potatoes and vegetables. Soup and sandwiches were available at both meal times as an additional alternative. We discussed the displaying of the menu with the nurse in charge who advised blackboards had been ordered to enable the menu to be displayed.

Review of records evidenced that staff were adhering to the SALT definitions of food textures and consistency of fluids. Advice was provided that the menu option be recorded for patients on a therapeutic diet rather than just the detail of the texture.

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 of patients, listening to and valuing patients and their relatives and taking account of their views, the management of the meal times experience and the knowledge staff had of their patients wishes and preferences.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home.

Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered. Staff were able to identify the person in charge of the home in the absence of the acting manager.

A review of the duty rota evidenced that the acting manager's hours, and the capacity in which these were worked, were clearly recorded.

Review of the governance arrangements regarding complaints, accidents/incidents, notification of events to RQIA, staff training, registration of staff with NMC and NISCC identified deficits as detailed within the preceding sections of this report.

A governance system had been put in place by the responsible individual. However, it was evident that the governance programme had not been implemented and only three areas had been reviewed since October 2016. This was concerning and details were discussed with the responsible person during feedback. An area for improvement, first stated in January 2017, has been stated for a second time. Refer to section 6.2 for details.

Discussions with staff confirmed that there were good working relationships and they were enthusiastic about the home and that they believed they were "making a difference." However, they raised concerns regarding confidentiality of staff concerns and the attitude/conduct of a named staff member. Details were discussed with the responsible individual during feedback and RQIA were assured that staff concerns would be addressed.

Discussion with staff evidenced that there was a clear organisational structure within the home. Staff were confident of raising patients' care concerns and needs with the nurse in charge of the shift. In discussion patients and relatives spoken with were aware of the roles of the staff in the home and to whom they should speak to if they had a concern.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to team working and the delivery of care to meet the assessed needs of patients.

Areas for improvement

No new areas for improvement were identified within this domain.

	Regulations	Standards
Total number of areas for improvement	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 the nurse in charge and Mr James Wilson, Responsible Individual, 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 to Nursing.Team@rqia.org.uk to RQIA office for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (1) Stated: Second time To be completed by: 30 September 2017.	The registered person shall ensure that governance audits are undertaken on a regular basis to promote and make proper provision for the nursing, health and welfare of patients. Ref: Section 6.2
	Response by registered person detailing the actions taken: Acting home manager has reviewed the current governance audits in the home and has implemented a system of review to ensure that the appropriate and regular audits are completed in actions addressed.
Area for improvement 2 Ref: Regulation 20 (1) (a) Stated: First time To be completed by: Immediate action required	The registered person shall ensure that the registration status of nursing and care staff is checked on a regular basis and where 'lapses' in registration are identified these are appropriately managed. Confirmation shall be provided to RQIA, by email, that all nursing staff are on the live NMC register and that all care staff are on the live NISCC register or applying for registration. Ref: Section 6.4
	Response by registered person detailing the actions taken: An immediate check of the NMC/NISCC has been completed and I can confirm that all staff are live on the register. Going forward the acting home manager has reviewed the current system and implemented a more robust and appropriate registration status check.
Area for improvement 3 Ref: Regulation 19(2) Schedule 4 (12) (a) and (b) Stated: First time To be completed by: 30 September 2017	The registered person shall ensure that accident/incidents records are available for inspection. Ref: Section 6.4
	Response by registered person detailing the actions taken: Accident/Incident records are now held in the managers office and will be available for inspection.

<p>Area for improvement 4</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered person shall ensure that RQIA are notified in accordance with Regulation 30.</p> <p>Refer to Provider Guidance available on our web site: www.rqia.org.uk</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Acting home manager has displayed the provider guidance in the nurses station and has completed supervision with all nurses. Going forward the acting home manager and deputy home manager will have access to the portal and will be completing the notification in accordance with regulation 30.</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2017.</p>	<p>The registered person shall ensure that training records are maintained in accordance with Standard 39 and that records can identify accurately the level of staff attendance at mandatory and other training required for their role and function in the home.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Acting home manager has completed a review of the current training in the home and has completed a training needs analysis for the home where a training plan has been devised to facilitate need and standard 39.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 35.13</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2017</p>	<p>The registered person shall ensure that regular staff meetings, supervision and appraisals are conducted, and records maintained, in accordance with care standards.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: A yearly schedule for staff meetings, supervision and appraisals has been completed .A staff meeting was held on the 14/09/17 .</p>
<p>Area for improvement 3</p> <p>Ref: Standard 35.3</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2017</p>	<p>The registered person shall ensure that information maintained in accordance with Schedule 3 (3) of The Nursing Homes regulations (Northern Ireland) 2005, within a register, is accurate.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: The acting home manager has implemented a daily check of the register as part of the handover.</p>

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews