



Unannounced Care Inspection Report

25 October 2019



Home Treatment House

Type of Service: Nursing Home (NH)

Address: Old See House, 603 Antrim Road, Belfast, BT15 4DX

Tel No: 028 9504 2873

Inspectors: James Laverty and Rhona Brennan

www.rqia.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.

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 is registered to provide nursing care for up to 6 persons. The Home Treatment House is a short term facility for patients aged 18 years and older and who are experiencing an acute episode of mental illness.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust Responsible Individual: Martin Joseph Dillon	Registered Manager and date registered: Caroline Fairley-Gribben – application pending
Person in charge at the time of inspection: Caroline Fairley-Gribben	Number of registered places: 6
Categories of care: Nursing Home (NH) MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 5

4.0 Inspection summary

An unannounced inspection took place on 25 October 2019 from 09.20 to 15.50 hours.

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

Evidence of good practice was found in relation to the internal environment, staff communication with patients and the culture / ethos of the home.

Seven areas for improvement were stated for a second time in regard to: fire safety and governance processes / managerial oversight. A further two areas for improvement were highlighted in relation to care planning and staff training.

Patients described living in the home as being a good experience and in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

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

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*3	*6

*The total number of areas for improvement includes two under regulation and four under the standards which have each been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Caroline Fairley-Gribben, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 29 April 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 29 April 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, registration information, and any other written or verbal information received, for example serious adverse incidents.

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 and/or discussed during the inspection:

- staff training records for the period 2019/20
- accident and incident records
- three patients' care records
- a selection of governance audits
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- RQIA registration certificate

- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

The findings of the inspection were provided to the manager 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
<p>Area for improvement 1</p> <p>Ref: Regulation 27 (4) (b) (d)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that adequate precautions against the risk of fire are taken and that best practice guidance in relation to fire safety is embedded into practice.</p> <p>Action taken as confirmed during the inspection:</p> <p>Observation of the environment highlighted that a fire door was wedged open within a corridor area; this was also noted to have been wedged open during the previous care inspection. The manager was advised of this informed RQIA following the inspection that all staff had been reminded of the fire policy. The need for staff to adhere to this at all times was stressed. The manager also agreed to monitor this compliance on a daily basis when walking around the home.</p> <p>This area for improvement was not met and is stated for a second time.</p>	Not met
<p>Area for improvement 2</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all notifiable incidents are reported to the Regulation and Quality Improvement Authority in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.</p>	

	<p>Action taken as confirmed during the inspection: Review of governance records and feedback from the manager highlighted that there was disparity between those incidents referred to RQIA and those reported internally to BHSCT. Notification records were poorly maintained, incomplete in places and contained vague deadlines for corrective actions to be taken. This area for improvement was not met and is stated for a second time.</p>	
<p>Area for improvement 3 Ref: Regulation 20 (1) (a) Stated: First time</p>	<p>The registered person shall ensure that that the registered manager works sufficient hours in a management capacity to ensure that the governance systems within the home are sufficiently and consistently robust.</p>	Met
	<p>Action taken as confirmed during the inspection: Discussion with the manager and review of duty rotas submitted to RQIA following the inspection evidenced that this area for improvement was met.</p>	
<p>Area for improvement 4 Ref: Regulation 29 Stated: First time</p>	<p>The registered person shall ensure that a robust system of monthly quality monitoring visits is completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes 2015. Such visits should include evidence of time bound action plans and a review of ongoing actions to drive quality improvement and address any deficits identified by current quality improvement plans as outlined by RQIA.</p>	Not met
	<p>Action taken as confirmed during the inspection: Review of available monthly monitoring reports is discussed further in section 6.6.</p> <p>This area for improvement was not met and is stated for a second time.</p>	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35 Stated: First time	<p>The registered person shall ensure that all accidents/incidents are reviewed and analysed on at least a monthly basis. There should be evidence of this information being used to quality assure patient care and help drive any required improvements to service delivery.</p>	Not met
	<p>Action taken as confirmed during the inspection: Review of accident / incident records is discussed further in section 6.3.</p> <p>This area for improvement was not met and is stated for a second time.</p>	
Area for improvement 2 Ref: Standard 38 Stated: First time	<p>The registered person shall ensure that a robust system is implemented and maintained to promote and make proper provision for monitoring the professional registration of all staff with the NMC and/or NISCC.</p>	Not met
	<p>Action taken as confirmed during the inspection: Review of staff governance records is discussed further in section 6.3.</p> <p>This area for improvement was not met and is stated for a second time.</p>	
Area for improvement 3 Ref: Standard 4 Stated: First time	<p>The registered person shall ensure that patients' risk assessments are completed in a comprehensive and timely manner at all times.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of three patients' care records evidenced that this area for improvement was met.</p>	
Area for improvement 4 Ref: Standard 12 Stated: First time	<p>The registered person shall ensure that dining provision for patients is managed in such a manner as to promote patient engagement and choice following their admission. Meal choices for patients should be made in consultation with patients and reflect individual dietary preferences.</p>	Met

	<p>Action taken as confirmed during the inspection: The dining experience of patients is discussed further in section 6.5.</p>	
<p>Area for improvement 5 Ref: Standard 41 Stated: First time</p>	<p>The registered person shall ensure that the duty rota clearly identifies the manager's working hours, making clear distinction between hours worked in either a managerial or clinical capacity.</p> <p>Action taken as confirmed during the inspection: Review of the staff duty rota highlighted that the manager's working pattern was not clearly evidenced.</p> <p>This area for improvement was not met and is stated for a second time.</p>	<p>Not met</p>
<p>Area for improvement 6 Ref: Standard 16 Stated: First time</p>	<p>The registered person shall ensure that complaints records are analysed on at least a monthly basis. There should be evidence of this information being used to quality assure patient care and help drive any required improvements to service delivery.</p> <p>Action taken as confirmed during the inspection: Review of complaints records is discussed further in section 6.6.</p>	<p>Met</p>
<p>Area for improvement 7 Ref: Standard 35 Stated: First time</p>	<p>The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements, minimum standards and current best practice, specifically, care records, IPC, medication and dining experience audits.</p> <p>Action taken as confirmed during the inspection: Review of audit records is discussed further in section 6.6.</p> <p>This area for improvement was not met and is stated for a second time.</p>	<p>Not met</p>

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.

Access to the home is granted by staff via use of a CCTV intercom; staff informed the inspectors that the front entrance is secured in this manner in order to maintain the safety and wellbeing of both patients and staff. No patients expressed any concerns in regard to access and egress to/from the building.

Staffing levels within the home were discussed and reviewed with the manager who confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met. No patients or staff expressed any concerns in regard to staffing levels. Staff were consistently visible throughout the inspection and regularly attended to any patients who were overheard requesting assistance.

We were told by staff that they received regular mandatory training to ensure they knew how to provide the right care. All staff stated that they felt that their mandatory training provided them with the skills and knowledge to effectively care for patients within the home. However, it was noted that there was no robust arrangements in place for the manager to effectively monitor staff compliance with mandatory training; we found that mandatory training for some staff was out of date. An area for improvement was made.

A review of governance records evidenced that a system was in place to help ensure that notifiable incidents are reported to the Regulation and Quality Improvement Authority (RQIA) as required. However, as outlined in section 6.1, review of notification records highlighted several deficits. An area for improvement was made.

It was further noted that there were ineffective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). While the registration status of staff sampled was found to be satisfactory, these records were noted to be poorly maintained and inaccurate in places. An area for improvement was made.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The internal environment is maintained to a high standard and affords patients the use of a relaxing lounge area and adjacent dining/kitchen facilities, in addition to their own bedrooms. The internal environment was very clean throughout and this is commended.

We also reviewed medication records for three current patients. While the majority of medicine entries for these patients were countersigned by two staff, some were not. This was highlighted to the manager and it was stressed that when transcribing medicines onto patients' medicine administration sheets, two staff must sign as having checked the accuracy of such entries. This discussion was also shared with the aligned pharmacy inspector during and following the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the internal environment.

Areas for improvement

Areas for improvement were restated in regard to fire safety and governance oversight. A new area for improvement was also highlighted in relation to staff training.

	Regulations	Standards
Total numb of areas for improvement	0	1

6.4 Is care effective?

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

Staff told the inspector that there was effective communication at the commencement of each shift which allowed them to discuss and review the ongoing needs of patients. Staff who were spoken with stated that if they had any concerns, they could raise these with their line manager and/or the manager.

A review of patients' care records evidenced that nursing staff regularly engaged with members of the multi-professional team as required.

Regular contact with patients' families is also a vital aspect of care delivery. Care records which were viewed demonstrated that staff regularly communicated with patients' families or representatives as they used/reviewed a range of risk assessments to help inform the care being provided.

A review of three patients' care records highlighted that staff regularly discussed ongoing care provision with patients; feedback from patients further evidenced that they felt involved in their care and that their views were respected and valued by staff – this is commended.

However, it was noted that while electronic care plans were in place for patients following admission, these documents were not updated in a meaningfully consistent or timely manner. In addition, it was highlighted that when writing and/or amending these records, this should be discussed and agreed with the patient with such collaboration clearly documented. An area for improvement was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication by staff with patients.

Areas for improvement

An area for improvement was made in regard to care planning for patients.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

It was positive to note that all the staff members spoken to displayed an enthusiastic and informed commitment to the provision of person centred care. One staff member told us that the entire staff team were committed to a “very patient centred approach.” Another patient told us “I feel safe here.”

Throughout the inspection, staff interactions with patients were observed to be compassionate, timely and caring. Discreet observation of staff highlighted a high level of patient and effective engagement with patients - this is commended.

Staff demonstrated a good knowledge of patients’ wishes, and preferences as identified within the patients’ care records. Staff were also aware of the requirements regarding patient information and confidentiality.

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Discussions with staff provided evidence that they considered the manager to be supportive and approachable and they felt confident that they could raise concerns if they arose. Staff told us that the new manager had “brought stability” to the home following previous changes to the structure of the senior management team. One staff member told us “Caroline is an excellent manager.”

Upon admission to the home, patients are provided with an extensive range of information held within an admission file which is available in their bedroom. This file contains information such as:

- what to expect during your stay in Home Treatment House
- who are RQIA?
- medication management
- visiting times
- local amenities
- advice centres
- Irish Advocacy Network (a mental health peer advocate service)

Staff told us that since the previous inspection, there had been little progress in developing a version of this file for those patients who may have no/limited understanding of written English; this was highlighted to the manager and it was agreed that this would be a positive improvement. This will be reviewed at a future care inspection.

We reviewed the dining experience of patients. It was encouraging to see that staff would spontaneously sit alongside patients when they chose to enjoy a cup of tea/coffee or snack. This approach reinforced the ethos of the home which is committed to promoting a safe and therapeutic atmosphere in which to engage with patients. Feedback from patients evidenced that they are provided with a choice of two meals at each meal time; patients also stated that were willing to provide alternatives if possible. Patients are also encouraged to make use of the kitchen facilities as appropriate. While staff are clearly committed to meeting the dining needs of patients as much as possible, the inspectors encouraged the manager to continue exploring ways in which to further personalise this aspect of care provision.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the person centred culture of the home.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 previous care inspection, a new manager has been appointed - Caroline Fairley-Gribben. The manager informed us that while this is currently an 'acting' position, it is hoped that this will become a permanent arrangement in due course. It was agreed that the manager should then proceed with making application to RQIA in regard to becoming the home's registered manager as soon as possible.

Review of the staff rota highlighted that the manager's working hours was not clearly evidenced. An area for improvement was stated for a second time.

The registration certificate was displayed appropriately although was out of date with regard to management arrangements. The inspector agreed to review this with the manager following the inspection and ensure that an up to date certificate is issued accordingly.

Discussion with the manager evidenced that the home was operating within its registered categories of care. We did note that a copy of the home's Service User Guide was inaccurate with regard to management arrangements; the manager agreed to action this for patients and ensure that an up to date guide was provided.

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately. It was also confirmed with the manager that any expression of dissatisfaction should be recorded appropriately as a complaint. A review of complaints records highlighted that with the exception of Aug 2019, a monthly analysis of complaints was recorded. It was agreed that this monthly analysis should then inform ongoing quality improvement initiatives within the home and staff learning; this aspect of complaints management will be reviewed during a future care inspection.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives. However, it was disappointing that although detailed feedback/advice had been provided to the senior management team following the previous care inspection, these reports continued to be completed in an ineffective manner. This was also the case in relation to the completion of quality assurance audits within the home; a review of a sample of governance audits highlighted that these had not been completed in a robust manner so as to help drive improvements in service delivery and patient care.

Due to these findings, the manager was asked to submit an action plan to RQIA to address all identified deficits highlighted during this inspection. Review of this action plan resulted in further improvements to the document being requested by RQIA. Furthermore, the manager and a member of the senior management team were invited to discuss with RQIA how they were going to put the improvements in place and the timescale for implementation. The meeting was not convened in time for inclusion in this report.

Areas for improvement

Three areas for improvement were identified in relation to managerial oversight, governance processes within the home and the staff rota.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Caroline Fairley-Gribben, 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.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27 (4) (b) (d)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that adequate precautions against the risk of fire are taken and that best practice guidance in relation to fire safety is embedded into practice.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: As per Trust fire manual daily checks are completed however there is no need to record unless an issue has been identified. The check was completed on the morning of 25 October 2019 and at the time of check there were no issues. An issue was noted during inspection whereby a fire door was wedged open. This was immediately removed at the time of inspection. This was been addressed with staff immediately following the inspection. All staff have been reminded of the Trust's fire policy in person and via email. Fire safety has been added to all staff meeting agendas.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 30</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all notifiable incidents are reported to the Regulation and Quality Improvement Authority in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The Manager at the time of inspection had only recently commenced post and had not yet received DATIX approver training. The Assistant Service Manager was approving and had oversight of incidents reported on DATIX. The Manager has read Statutory Notification of Incidents and Deaths - Guidance for Providers of Regulated Services which stipulates all accidents in the establishment are to be reported. Could the inspector please clarify the specific issues as this has been raised for a second time and the Trust would like to rectify this as soon as possible.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 29</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that a robust system of monthly quality monitoring visits is completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes 2015. Such visits should include evidence of time bound action plans and a review of ongoing actions to drive quality improvement and address any deficits identified by current quality improvement plans as outlined by RQIA.</p> <p>Ref: 6.6</p>

	<p>Response by registered person detailing the actions taken: At the time of the inspection, the report being completed was a report agreed with inspectors at time of the opening of the Home Treatment House in Autumn 2014. The manager has since downloaded the template from the RQIA website and amended this to reflect the Home Treatment House. Quality monitoring visits will be completed by the Assistant Services Manager to ensure continuity and reflection of previous month's action plan.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 35</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all accidents/incidents are reviewed and analysed on at least a monthly basis. There should be evidence of this information being used to quality assure patient care and help drive any required improvements to service delivery.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: All accidents/incidents within the facility are investigated in line with the Trust Procedure for Investigating an Incident (excluding SAs). Acute Mental Health Community Services will be implementing a weekly live governance meeting where accidents/incidents in all part of service will be analysed and discussed. These will be commenced within the next three months.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 38</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that a robust system is implemented and maintained to promote and make proper provision for monitoring the professional registration of all staff with the NMC and/or NISCC.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The Manager has devised a monthly auditing tool to ensure that all staff provide statements of entry. They have also liaised with the Senior Professional Nurse regarding current Trustwide systems and databases.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 41</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the duty rota clearly identifies the manager's working hours, making clear distinction between hours worked in either a managerial or clinical capacity.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The manager's working hours are clearly identified on the duty rota with differentiation of managerial and clinical hours.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements, minimum standards and current best practice, specifically, care records, IPC, medication and dining experience audits.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: An audit tool in relation to care records has been created by the Manager. Audits are conducted in monthly basis. The Infection Prevention and Control Team will be contacted to conduct yearly visits. A reconciliation of all medications is completed by the pharmacist on all patient admissions. Audits are conducted at least monthly by nursing staff during the admission and/or on discharge. Manager has met with PCSS supervisor. Two choices of meals are provided plus the option to make your own meal in the patient kitchen. A green file is kept in the kitchen to record all food temperatures. This is currently up to date. Patient satisfaction surveys are completed on discharge asking about their experience including dining experiences.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that a robust system is implemented and monitored which enables/evidences effective oversight by the manager of staff mandatory training.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: An member of administration staff has been sourced to maintain the staff statutory/mandatory training matrix. The manager will review this on a set date on a monthly basis and sign off.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that patients' care plans are reviewed in a meaningful and timely manner; the care plans should also evidence collaboration and agreement with patients with regard to the content of the care plan.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Senior Nursing will complete an audit of all care records and make recommendations for improvement. The manager will implement any recommendations highlighted.</p>

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

Twitter @RQIANews

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