

# Announced Enforcement Compliance Inspection 14 December 2016



## Lisadian House

**Type of Service: Nursing Home**  
**Address: 87 Moira Road, Hillsborough, BT26 6DY**  
**Tel no: 028 9268 9898**  
**Inspectors: Sharon Loane & Sharon McKnight**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced enforcement compliance inspection of Lisadian House took place on 14 December 2016 from 09.15 to 13.15.

The purpose of the inspection was to assess the level of compliance achieved by the home regarding the two failure to comply notices issued on 13 September 2016. The areas for improvement and compliance with regulation were in relation to governance arrangements (FTC/NH/1264/2016/17/01) and the quality of nursing care (FTC/NH/1264/2016-17/02). The date for compliance with the notices was 14 December 2016.

**FTC Ref: FTC/NH/1264/2016-17/01**

**FTC Ref: FTC/NH/1264/2016-17/02**

Evidence was available to validate full compliance with the above two failure to comply notices.

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.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2*	8*

\*Due to the focus of this inspection the requirements and recommendations above have been carried forward from the previous care inspection. No requirements or recommendations were made as a result of this inspection.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Pastor Edwin Michael, registered person, Elaine Hill, General Manager, and Esther Bell, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an announced enforcement compliance inspection undertaken on 16 November 2016.

The purpose of this inspection was to assess the level of compliance achieved by the home regarding the two failure to comply notices issued on 13 September 2016.

Evidence was not available to validate full compliance with the above two failure to comply notices. However, there was evidence of some improvement and progress made to address the required actions within the notices.

Following the inspection, RQIA senior management held a meeting on 17 November 2016 and a decision was made to extend the compliance date up to the legislative timeframe of 90 days to allow Lisadian House to address the breaches of regulation. Compliance with the notices must be achieved by 14 December 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Elim Trust Corporation/Pastor Edwin Michael	<b>Registered manager:</b> Miss Esther Elizabeth Bell
<b>Person in charge of the home at the time of inspection:</b> Miss Esther Bell	<b>Date manager registered:</b> 14 January 2016
<b>Categories of care:</b> NH-I, NH-PH, NH-PH(E), NH-TI	<b>Number of registered places:</b> 45

## 3.0 Methods/processes

Prior to inspection we analysed the following records:

- The requirements as indicated in the failure to comply notices:
  - FTC Ref: FTC/NH/1264/2016-17/01
  - FTC Ref: FTC/NH/1264/2016-17/02
- the written registration status of the home
- written and verbal communication received by RQIA since the last care inspection
- the previous care inspection report
- notifications received since November 2016

The following methods and processes used in this inspection include the following:

- a discussion with the registered manager & general manager
- discussion with staff
- discussion with patients
- a review sample of staff duty rotas
- staff training records for 2016
- one staff personnel file (including induction records)
- accident and incident records
- four care records
- a review of quality audits
- monthly monitoring report for November 2016 in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

The inspectors observed the majority of patients, who were either resting in bed and/or seated in the day lounges.

Two registered nurses and a sampling of care staff on duty, the activities co-ordinator and ancillary staff were consulted.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 16 November 2016

The most recent inspection of the home was an announced enforcement monitoring inspection. The report was issued on 29 November 2016 and the QIP is due for return by 27 December 2016. The QIP was not fully validated due to the enforcement compliance focus of this inspection. Whilst the deadline for the QIP has not yet been reached compliance has been demonstrated during this inspection in some areas. Other requirements and recommendations have been carried forward for validation at the next care inspection.

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 14 (2)(c) <b>Stated:</b> Second time	The registered provider must ensure that the Control of Substances Hazardous to Health (COSHH) guidance is adhered to. Chemicals should be stored safely and the sluice should be kept locked at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> At this inspection, the sluices were observed as locked. The chemical solution observed at the last inspection had been removed.  This requirement was met.	
<b>Requirement 2</b> <b>Ref:</b> Regulation 13 (1) (a) (b) <b>Stated:</b> First time	The registered person must ensure that the nursing home is conducted to promote and make proper provision for the nursing, health and welfare and where appropriate treatment for patients.  This requirement has been made with particular focus to the management of diabetes and bowel care.	<b>To be validated at the next care inspection.</b>
	<b>Action taken as confirmed during the inspection:</b> Due to the inspection focus this requirement was not reviewed during this inspection. Carried forward for review at the next care inspection.	

<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 20 (3)</p> <p><b>Stated:</b> First time</p>	<p>The registered person must ensure that a competency and capability assessment is carried out with any nurse (including agency) who is given responsibility of being in charge of the home in the absence of the registered manager.</p>	<p><b>To be validated at the next care inspection.</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Due to the inspection focus this requirement was not reviewed during this inspection. Carried forward for review at the next care inspection.</p>		
<p><b>Last care inspection recommendations</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 36</p> <p><b>Stated:</b> Second time</p>	<p>It is recommended that all policies are dated when issued or reviewed.</p>	<p><b>To be validated at the next care inspection.</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Due to the inspection focus this recommendation was not reviewed during this inspection. Carried forward for review at the next care inspection.</p>		
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 39 Criteria 7</p> <p><b>Stated:</b> First time</p>	<p>The registered person should ensure that the current training arrangements are reviewed to ensure the effectiveness of training on practice and procedures.</p>	<p><b>To be validated at the next care inspection.</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Due to the inspection focus this recommendation was not reviewed during this inspection. Carried forward for review at the next care inspection.</p>		
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should develop a system to ensure that checks are being conducted on a regular basis in relation to staff's registration status with NMC and NISCC. Records should be kept.</p>	<p><b>To be validated at the next care inspection.</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Due to the inspection focus this recommendation was not reviewed during this inspection. Carried forward for review at the next care inspection.</p>		

<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure that staff meetings take place on a regular basis and at a minimum quarterly. Records are kept in accordance with Care Standards for Nursing Homes, April 2015.</p>	<p><b>To be validated at the next care inspection.</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Due to the inspection focus this recommendation was not reviewed during this inspection. Carried forward for review at the next care inspection.</p>		
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 7</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure that the negative comments made by some patients during the inspection are recorded as complaints and are appropriately recorded, investigated and actioned as required.</p>	<p><b>To be validated at the next care inspection.</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Due to the inspection focus this recommendation was not reviewed during this inspection. Carried forward for review at the next care inspection.</p>		
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure that there are effective management systems in place to support and facilitate good management and leadership which involve and engage staff and promotes a positive culture and ethos of the home.</p>	<p><b>To be validated at the next care inspection.</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Due to the inspection focus this recommendation was not reviewed during this inspection. Carried forward for review at the next care inspection.</p>		
<p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p>	<p>The registered person should provide training for staff commensurate with their roles and responsibilities in the following areas:</p> <ul style="list-style-type: none"> <li>• the management of diabetes</li> <li>• bowel care management</li> <li>• the nursing process.</li> </ul>	<p><b>To be validated at the next care inspection.</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Due to the inspection focus this recommendation was not reviewed during this inspection. Carried forward for review at the next care inspection.</p>		

<p><b>Recommendation 8</b></p> <p>Ref: Standard 4 Criteria 9</p> <p>Stated: First time</p>	<p>The registered person should ensure that all entries in care records are meaningful; contemporaneous; dated; timed, signed and accompanied with the name and designation of the signatory.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of care records and supplementary records evidenced that this recommendation had been met.</p>		
<p><b>Recommendation 9</b></p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The registered person should ensure that the duty rota identifies the name of the nurse in charge of the home on each shift.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A sample review of duty rotas evidenced that this recommendation had been met.</p>		
<p><b>Recommendation 10</b></p> <p>Ref: Standard 39</p> <p>Stated: First time</p>	<p>The registered person should ensure that staff receive 'awareness training' in the interim period until formal training is provided. A record should be kept of the training and information provided.</p>	<p style="text-align: center;"><b>To be validated at the next care inspection.</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Due to the inspection focus this recommendation was not reviewed during this inspection. Carried forward for review at the next care inspection.</p>		

### 4.3 Inspection findings

#### 4.3.1 FTC Ref: FTC/NH/1264/2016-17/01

#### Notice of Failure to Comply with Regulation 10 (1) of the Nursing Homes Regulations (Northern Ireland) 2005

**10.—(1) The registered provider and the registered manager shall, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.**

Discussion with management and a review of information evidenced that a suite of auditing systems had been developed and implemented as outlined in the failure to comply notice. A number of audits had been undertaken since the last inspection, these included; complaints, wound care, patients' weights, environmental audit, care plan audits, and accident and incidents. A review of the above audits evidenced that an action plan had been developed for



areas of improvement. There was also evidence that the areas for improvement had been re-audited to check compliance to ensure quality improvement. The action plans did not consistently identify a timescale for the completion of these actions. This was discussed at the inspection and management provided assurances that this would be included in all audits undertaken going forward.

**This action was met.**

A monthly monitoring report in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, completed on 23 November 2016 was reviewed. This report was completed by an independent healthcare consultant on behalf of the responsible person. The report reviewed was detailed and informative and included an action plan for areas of improvement across all areas examined. There was evidence that these actions had been reviewed by management and appropriate actions taken to ensure compliance. A discussion with management advised that for the independent healthcare consultant would continue to complete the regulation 29 visits and reports.

**This action was met.**

A review of the training matrix for 2016 evidenced that the record had been updated since the last inspection to include all staff currently employed and areas of training completed. A review of duty rotas evidenced that all staff on the rota for the week of the inspection were included in the training matrix. This review evidenced that compliance with mandatory training requirements was achieved to a satisfactory standard.

**This action was met.**

A discussion with management advised that all personnel files have been audited since the last inspection. A checklist had been devised to identify documentation required. There were records of the actions taken to address the deficits and evidence to confirm receipt of the information/documents received. Since the last inspection, no new staff had been recruited. However, a review of one personnel file confirmed that management had reviewed the file to ensure it was compliant with regulatory requirements. A recruitment checklist in keeping with the Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, Schedule 2 was in use to ensure that staff are recruited and employed in accordance with employment legislation and mandatory requirements.

**This action was met.**

Since the last inspection, no new staff had been employed. However, the registered manager confirmed that an induction record was available for an agency nurse who had recently completed a shift. A review of the induction record confirmed that the agency nurse had received an induction; the record was completed appropriately and was signed by the staff member and the deputy manager who was responsible for the induction process. The induction record included all relevant areas for the role and function of the agency nurse.

**This action was met.**

## **Conclusion**

The actions required to comply with regulations as stated within the failure to comply notice FTC/NH/1264/2016-17/01 were evidenced to have been met in full.



### 4.3.2 FTC Ref: FTC/NH/1264/2016-17/02

#### Notice of Failure to Comply with Regulation 12 (1) (a) and (b) of the Nursing Homes Regulations (Northern Ireland) 2005

**12.—(1) The registered person shall provide treatment, and other services to patients in accordance with the statement of purpose, and shall ensure that the treatment and other services provided to each patient –**

- (a) meets his individual needs**
- (b) reflects current best practice**

A review of three care records evidenced that risk assessments and care plans were in place and had been reviewed and updated in response to the changing needs of patients. There was evidence that assessments and care plans had been reviewed and updated following discharge from hospital.

**This action was met.**

A review of three care records pertaining to wound and/or pressure care, weight loss and palliative care evidenced that care delivery was in accordance with the prescribed interventions as outlined in the patient's plan of care.

**This action was met.**

A sample review of food and fluid intake charts for an identified patient evidenced that this action was met. The information recorded included food and fluids offered and refused. There was good evidence that foods and fluids were offered at regular intervals. Charts reviewed evidenced that the total 24 hour fluid intake was calculated and totalled accurately and subsequently recorded in the patient's daily progress notes.

**This action was met.**

As discussed above a review sample of food and fluid charts was undertaken. A review sample of daily progress notes for the identified patient evidenced that registered nurses were recording the total fluid intake within these records. A comparison of information recorded within food and fluid charts and the daily progress notes confirmed the accuracy of the recordings across the two records. Entries recorded accurately reflected when food and fluid intake was satisfactory and/or inadequate; there was evidence that appropriate actions had been taken when intake was poor for example; communication with the general practitioner (GP).

**This action was met.**

A review of a weights audit completed in December 2016 evidenced that patient weights were being monitored and recorded accordingly. The audit demonstrated any identified weight loss and/or gain and subsequent actions taken. A review of a care record for a patient identified with weight loss evidenced that the Malnutrition Universal Screening Tool (MUST) and care plan had been reviewed and updated accordingly. Appropriate actions had been taken and included referrals to the dietician and GP. There was evidence in the care records that recommendations made by the medical and healthcare professionals had been adhered to accordingly; for example food and fluid intake charts had been commenced and nutritional

supplements were administered in accordance with the prescribed guidance. There was evidence of regular monitoring of patients' weights.

**This action was met.**

As previously referenced a review of a care record pertaining to wound management evidenced that a care plan was available and identified the treatment actions required in accordance with the Tissue Viability Nurses (TVN) assessment. A review sample of wound assessment records evidenced that the dressing regime had been adhered to and were recorded in line with best practice guidelines.

**This action was met.**

A review of repositioning records for two identified patients was undertaken and evidenced that regular repositioning was carried out for both patients. The care plan for the first patient indicated that the patient required positional changes every two hours although the repositioning charts reviewed demonstrated three to four hourly positional changes. Discussion with staff on duty confirmed that three to four hourly repositioning was required. The repositioning charts reviewed evidenced that three to four hourly positional changes were completed consistently. Staff confirmed the patient did not have any pressure ulcers. Therefore, it was agreed that the care plan would be amended to accurately reflect the frequency of positional changes

This was actioned immediately. A review of records for a second patient evidenced that the repositioning schedule was carried out as directed in the patient's care plan. All records reviewed were maintained to a satisfactory standard and reflected best practice guidelines.

**This action was met.**

We reviewed a continence risk assessment for one patient. The assessment had been last reviewed and updated on the 8 December 2016. The assessment included detailed information in relation to both urinary and bowel management. The assessment outlined the patient's bowel pattern and type as per the Bristol Stool Chart. During a conversation with the identified patient, information voluntarily shared confirmed that the assessment accurately reflected their care needs in this regard.

**This action was met.**

A review of bowel management records and additional information evidenced that records were maintained of all patients bowel function. As previously discussed, information recorded was reflective of the 'Bristol Stool Chart' and informed the care planning process. A sample review of daily progress notes evidenced that patients' bowel function was recorded appropriately.

**This action was met.**

## **Conclusion**

The actions required to comply with regulations as stated within the failure to comply notice FTC/NH/1264/2016-17/02 were evidenced to have been met in full.

## Areas for improvement

No new areas for improvement were identified at this inspection.

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

No new issues were identified during this inspection. Details of the QIP issued as a result of previous inspections has been included in this report.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of 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.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

#### Requirement 1

**Ref:** Regulation 13 (1)  
(a) (b)

**Stated:** First time

**To be completed by:**  
16 November 2016

**Carried forward until the next care inspection.**

The registered person must ensure that the nursing home is conducted to promote and make proper provision for the nursing, health and welfare and where appropriate treatment for patients.

This requirement has been made with particular focus to the management of diabetes and bowel care.

Ref: Section 4.1

**Response by registered provider detailing the actions taken:**

A daily audit is conducted of bowel function for all the residents. A monthly audit is conducted for the management of Diabetes and these actioned upon.

#### Requirement 2

**Ref:** Regulation 20 (3)

**Stated:** First time

**To be completed by:**  
16 November 2016

**Carried forward until the next care inspection.**

The registered person must ensure that a competency and capability assessment is carried out with any nurse (including agency) who is given responsibility of being in charge of the home in the absence of the registered manager.

Ref: Section 4.1

**Response by registered provider detailing the actions taken:**

Competency and capability has been completed for all nurses taking charge of the Home and continues to be completed for any new agency staff.

### Recommendations

#### Recommendation 1

**Ref:** Standard 36

**Stated:** Second time

**To be completed by:**  
28 February 2017

**Carried forward until the next care inspection.**

It is recommended that all policies are dated when issued or reviewed.

Ref: Section 4.1

**Response by registered provider detailing the actions taken:**

All policies are being reviewed and will be signed and dated on completion.

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 39 Criteria 7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2016</p>	<p><b>Carried forward until the next care inspection.</b> The registered person should ensure that the current training arrangements are reviewed to ensure the effectiveness of training on practice and procedures.</p> <p>Ref: Section 4.1</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> E-learning is now in place in order to allow staff to complete training at their own pace. There is an exam at the end of each course to test the individual's knowledge. The evidence of training in practice will be demonstrated through supervision and appraisal.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 October 2016</p>	<p><b>Carried forward until the next care inspection.</b> The registered provider should develop a system to ensure that checks are being conducted on a regular basis in relation to staff's registration status with NMC and NISCC. Records should be kept.</p> <p>Ref: Section 4.1</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> This is being completed on a monthly basis.</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2016</p>	<p><b>Carried forward until the next care inspection.</b> The registered provider should ensure that staff meetings take place on a regular basis and at a minimum quarterly. Records are kept in accordance with Care Standards for Nursing Homes, April 2015.</p> <p>Ref: Section 4.1</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Monthly staff meetings are being completed and records kept. Daily flash meetings are also held with Head's of Department.</p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 October 2016</p>	<p><b>Carried forward until the next care inspection.</b> The registered provider should ensure that the negative comments made by some patients during the inspection are recorded as complaints and are appropriately recorded, investigated and actioned as required.</p> <p>Ref: Section 4.1</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> A new format for documentation has been created. This is being completed and actioned as appropriate.</p>

<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 October 2016</p>	<p><b>Carried forward until the next care inspection.</b></p> <p>The registered provider should ensure that there are effective management systems in place to support and facilitate good management and leadership which involve and engage staff and promotes a positive culture and ethos of the home.</p> <p>Ref: Section 4.1</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>Deborah Oktar-Campbell is now completing the reg 29 reports on an on-going basis and providing consultancy support as required. Daily flash meetings held with staff to engage them and promote a positive atmosphere in the Home.</p>
<p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 December 2016</p>	<p><b>Carried forward until the next care inspection.</b></p> <p>The registered person should provide training for staff commensurate with their roles and responsibilities in the following areas:</p> <ul style="list-style-type: none"> <li>• the management of diabetes</li> <li>• bowel care management</li> <li>• the nursing process</li> </ul> <p>Ref: Section 4.1</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>Training has been provided for the management of Diabetes and continence. Further continence training to be arranged. Person centred care training is available on elearning and staff are to complete this. Training on the nursing process is to be sourced.</p>
<p><b>Recommendation 8</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 16 November 2016</p>	<p><b>Carried forward until the next care inspection.</b></p> <p>The registered person should ensure that staff receive 'awareness training' in the interim period until formal training is provided. A record should be kept of the training and information provided.</p> <p>Ref: Section 4.1</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>Elearning to be completed prior to commencement of work.</p>

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



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