

# Unannounced Care Inspection Report 13 July 2016



## Louisville

**Type of Service: Nursing Home**  
**Address: Glen Road, Belfast, BT11 8BU**  
**Tel No: 028 9060 4316**  
**Inspector: Heather Sleator**

## 1.0 Summary

An unannounced inspection of Louisville took place on 13 July 2016 from 09.30 to 17.30 hours.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

Weaknesses were identified in the delivery of safe care in relation to the recruitment and selection procedures of the home, the validation of the staff induction training programme and the upgrading of bathrooms facilities which were identified to the registered manager. A good standard of cleanliness and hygiene was evident and patients' bedrooms were personalised and comfortable. One requirement and two recommendations have been stated to secure compliance and drive improvement.

### **Is care effective?**

There was evidence of positive outcomes for patients. All staff demonstrated a high level of commitment to ensuring patients received the right care at the right time. Each staff member understood their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the nurse in charge or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, with their colleagues and with other healthcare professionals. A recommendation has been stated for the second time in respect of ensuring patients who require a modified diet are offered a choice at mealtimes.

### **Is care compassionate?**

There was evidence of good communication in the home between staff and patients. Patients were very praiseworthy of staff and a number of their comments are included in the report. A recommendation has been made that systems are established to evidence the opinion of patients and representatives have been sought regarding the quality of services provided by the home. Compliance with this recommendation will further drive improvements in this domain.

### **Is the service well led?**

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

There was evidenced of systems and processes in place to monitor the delivery of care and services within the home. Requirements and recommendations have been stated in relation to the safe, effective and compassionate delivery of care to seek compliance and drive improvements, as detailed within Sections 4.3, 4.4 and 4.5 respectively.

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>	1	4*

\*Refers to a recommendation stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Geetha Rajappan, 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 unannounced medicines management inspection undertaken on 4 April 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Barry Murphy	<b>Registered manager:</b> Geetha Rajappan
<b>Person in charge of the home at the time of inspection:</b> Geetha Rajappan	<b>Date manager registered:</b> 5 August 2015
<b>Categories of care:</b> NH-PH, NH-PH(E), NH-TI, NH-I	<b>Number of registered places:</b> 48

### 3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with 12 patients and 11 staff. There were no relatives at the time of the inspection who wished to meet with the inspector.

Questionnaires for patients (8), relatives (10) and staff (10) to complete and return were left for the home manager to distribute. Please refer to section 4.5 for further comment.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

The following were examined during the inspection:

- validation evidence linked to the previous QIP
- staff roster
- staff training records
- staff induction records
- staff competency and capability assessments
- staff recruitment records
- staff supervision and appraisal planner
- complaints and compliments records
- incident and accident records
- records of quality audits and
- records of staff, patient and relatives meetings

### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 4 April 2016

The most recent inspection of the home was an unannounced medicines management inspection on 4 April 2016. There were no requirements or recommendations stated as a result of the inspection.

## 4.2 Review of requirements and recommendations from the last care inspection dated 18 January 2016

Last care inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 14 (5)</p> <p><b>Stated:</b> First time</p>	<p>The registered person must ensure staff complete training in the use of restrictive practice.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The review of staff training records evidenced that 95 percent of staff had completed training in the use of restrictive practice between January 2016 and June 2016.</p>	<b>Met</b>
Last care inspection recommendations		Validation of compliance
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 36.1</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure policies and procedures for all operational areas of the home are in accordance with statutory requirements and are readily available.</p> <p>Priority should be given to policies on palliative and end of life care and restrictive practice.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Policy documentation was viewed and was in accordance with professional guidelines and the Care Standards for Nursing Homes 2015.</p>	<b>Met</b>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 46.2</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that infection prevention and control measures are taken in relation to storage, cleanliness, and use of facilities, use of equipment and outcomes of identified actions.</p> <p>Evidence of the remedial action taken where shortfalls are highlighted, following the completion of an infection control audit, should be available.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Monthly audits regarding the infection prevention and control procedures in the home were viewed. Evidence was present of the remedial action taken where a shortfall had been identified.</p>	<b>Met</b>

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 12.13</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the menu offers either a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an equally nutritious alternative which reflects the patients' food preference is provided. This includes an alternative choice of hot meals and any special dietary requirements.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with patients and a review of the menu evidenced that choice was available at mealtimes. Discussion with staff did not confirm that patients who require a modified diet are offered a choice of meals.</p>	<p><b>Partially Met</b></p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 12.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the menu is revised so as a nutritionally balanced and varied menu is provided for patients.</p> <p><b>Action taken as confirmed during the inspection:</b> The registered manager confirmed that the revised menu was sent to a dietician in the local trust. Suggestions made by the dietician were incorporated into the menu plan.</p>	
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 44.1</p> <p><b>Stated:</b> First time</p>	<p>The registered persons shall ensure the dining room and dining furniture are maintained to a high standard of cleanliness.</p> <p><b>Action taken as confirmed during the inspection:</b> The dining tables were viewed and were clean. Discussion with catering staff confirmed that they had the responsibility for the cleaning of the dining tables on a daily basis.</p>	<p><b>Met</b></p>
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 18.1</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that the registered persons consult with the multidisciplinary team regarding the use of chairs being in the reclined position. Care records for the individual patients should reflect the recommendations of the consultation.</p> <p><b>Action taken as confirmed during the inspection:</b> The review of patient care records evidenced that consultation had taken place with the multidisciplinary team in respect of patients who used a reclining chair or their chair was in a tilted position.</p>	<p><b>Met</b></p>

### 4.3 Is care safe?

The registered manager 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. Review of the staffing rota from 4 to 17 July 2016, evidenced that the planned staffing levels were adhered to.

Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

A review of three personnel files evidenced that there were some weaknesses in the recruitment processes as stated in The Nursing Homes Regulations (Northern Ireland) 2005, Regulation 21, schedule 2. Shortfalls were evident regarding any gaps in employment history on an application form having been explored at interview and one applicant did not have a reference from the applicant's most recent employer. This was discussed with the registered manager and a requirement has been made.

Discussion with staff evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Staff were mentored by an experienced member of staff during their induction. The review of three induction training programmes did not confirm this process. Records did not evidence a consistent approach to confirming the induction process had taken place. Evidence was not present of the signatures of both the inductee and inductor and that the registered manager had signed the completed programme to evidence the satisfactory completion of the induction training programme. A recommendation has been made.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Staff training was delivered by combining an e-learning programme and face to face training in the home. Training outcomes for 2016, so far, indicated that the registered manager was monitoring staff compliance with mandatory training requirements. For example, 83 percent compliance had already been achieved in infection prevention and control procedures and manual handling. Staff consulted with and observation of care delivery and interactions with patients clearly, demonstrated that knowledge and skills gained through training and experience were embedded into practice. The registered manager confirmed that staff had also completed a range of other training areas provided by Belfast Health and Social Care Trust including; wound healing and dressing, the administration of subcutaneous fluids, falls awareness and palliative and end of life care.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were also notified appropriately. The review of staff training records evidenced that 88 percent of staff had completed training in relation to adult safeguarding procedures within the last twelve months.

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of the Nursing Home Regulations (Northern Ireland) 2005. Review of accidents/incidents records confirmed that notifications were forwarded to RQIA appropriately.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. The entrance drive had been cleared of shrubbery and landscaped which enhanced the appearance of the entrance area. Raymond Murphy on behalf of the responsible person, Barry Murphy stated that new dining room tables and chairs were being ordered. This will greatly improve the appearance of the dining room as the current dining room furnishings evidenced significant wear and tear. Some issues arose in relation to the environment. Bathrooms, which were identified to the registered manager, were in need of upgrading due to the enamel on two baths being 'chipped' and the walls and plastic edging needing attention. Equipment required by a patient was observed to be stored in the packing boxes; appropriate storage should be provided in the patient's bedroom. A recommendation has been made in relation to these issues.

Fire exits and corridors were observed to be clear of clutter and obstruction.

### **Areas for improvement**

Systems must be established to evidence the recruitment and selection process is in accordance with in The Nursing Homes Regulations (Northern Ireland) 2005, Regulation 21, schedule 2.

The induction training records of staff should evidence the signatures of the staff member and the supervisor to verify that induction training had been completed. The registered manager should sign induction training records to validate the satisfactory completion of induction training.

The upgrading of the identified bathrooms should be addressed and appropriate storage provided in a patients bedroom.

<b>Number of requirements:</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>2</b>
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#### 4.4 Is care effective?

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that registered nurses, assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Risk assessments informed the care planning process. It was evident that care records accurately reflected that the assessed needs of patients were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

Supplementary care charts such as repositioning and food and fluid intake records evidenced that care was delivered and records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff knowledgeably discussed their responsibilities regarding the maintenance of the supplementary care charts including the importance of observing the condition of patients' skin when repositioning and reporting any changes to the registered nurses. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate, and included regular communication with representatives within the care records.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff also confirmed that regular staff meetings were held, that they could contribute to the agenda and the meeting and minutes were available. The review of the minutes of staff meetings evidenced the registered manager had held general staff meetings and subsequent meetings with the individual groups of staff for example; registered nurses. Staff confirmed they found the level of communication from the registered manager to be very good and clarified what was expected of them. Staff also stated the registered manager was receptive and listened to their ideas.

Staff stated they knew they worked together effectively as a team and had strong communication skills. Comments were received such as, 'This is a good home and we all work together.' All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals for example; community dieticians, speech and language therapist and the palliative care team.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/ management. Patients and representatives were aware of who their named nurse was and knew the registered manager.

There was information available to staff, patients and representatives in the entrance lobby of the home. The information board included photographs of the many recent activities and outings patients had been on as well as the weekly activities planner.

Observation of the mid-day meal confirmed that the dining experience for patients had been reviewed. The appearance of the dining tables had improved with tablecloths, place settings and napkins present. A range of condiments was not available on each table; this was discussed with the registered manager who agreed to address this. The menu had been revised in conjunction with the dietician from the local trust and patients were offered a choice of meal at midday and in the evening. This was confirmed in discussion with patients with one patient commenting, 'Staff come round with the menu and ask what I'd like.' However; patients who required a modified diet were not offered a choice of meal. This was a recommendation of the previous inspection of 16 January 2016 and the recommendation has been stated for a second time.

Meals were delivered on trays to patients who choose to not come to the dining room, the meal was appropriately covered and condiments and the patients preferred choice of fluid, for example; juice or milk were on the tray. The meal time was not rushed in any manner and there were sufficient staff on duty to assist patients with their meal. A registered nurse was present in the dining room to assist and monitor patients' nutritional intake.

### Areas for improvement

Patients who require a modified diet should be offered a choice of meal at each mealtime.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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### 4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. The activities coordinator is also the home's hairdresser and one day per week is allocated to attend to patients' hairdressing needs and becomes an 'activity' in its own right. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

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.

The activities coordinator was on leave at the time of inspection therefore this area was not assessed on this occasion and will be reviewed at the next inspection.

Discussion with the registered manager did not confirm that there were systems in place to obtain the views of patients or their representatives on the services provided by the home. The registered manager has an 'open door' policy and if the registered manager is not available the nurse in charge or the responsible person and the administrator are available to meet with relatives and/or visitors to the home. Establishing systems to obtain the views of patients and relatives was discussed with the registered manager and a recommendation has been made. Compliments and 'thank you' cards were displayed on the notice board in the office.

Comments included;

‘As soon as you walk into Louisville you become aware of the friendly and homely atmosphere.’

‘Impressed with the high level of cleanliness and fresh appearance of both the communal and individual rooms.’

‘There was a wide and varied range of activities on offer.’

‘Thank you for all the care and kindness afforded.’

Consultation with patients individually, and with others in smaller groups, confirmed that living in Louisville was a positive experience.

Patient comments to the inspector included:

‘Very kind wee nurses.’

‘The (manager) is very good to me.’

‘Staff are dead on.’

‘Can’t praise staff enough.’

‘Food in here is great.’

‘Staff go out of their way.’

‘The manager is not standoffish and is very approachable.’

In addition 10 relative/representatives; eight patient and 10 staff questionnaires were provided by RQIA to the registered manager for distribution. At the time of issuing this report one relative and eight staff returned their questionnaire within the specified timeframe. The returned questionnaires were generally positive regarding the quality of nursing and other services provided by the home. There were no additional comments recorded on the returned questionnaires.

### Areas for improvement

Systems should be established to obtain the views of patients and relatives on the quality of nursing and other services provided by the home. Evidence should be present of the action taken by the registered manager in respect of any comments or suggestions made.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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### 4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients knew the staff in the home and whom they should speak to if they had a concern.

The registration certificate was up to date and displayed appropriately. A valid certificate of public liability insurance was current and displayed. Discussion with the registered manager and observations evidenced that the home was operating within its registered categories of care. A new brochure in respect of the home had been developed and was displayed in the entrance lobby.

Discussion with the registered manager and review of the home’s complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes

2015. Representatives spoken with and who responded by questionnaire, confirmed that they were aware of the home's complaints procedure. Staff and representatives confirmed that they were confident that staff and management would manage any concern raised by them appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. A review of notifications of incidents to RQIA since the last care inspection in January 2016 confirmed that these were managed appropriately.

Discussion with the registered manager and staff; and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, care records, infection prevention and control, environment, complaints and incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.

Discussion with the registered manager and review of records for March, April and May 2016 evidenced that Regulation 29 monthly quality monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and Trust representatives. There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised, as discussed in section 4.5.

Areas for improvement have been identified in the sections discussing the delivery of safe, effective and compassionate care. Therefore due to requirements and recommendations being stated in sections 4.3, 4.4 and 4.5, this domain is assessed as requiring improvement.

### Areas for improvement

One requirement and four recommendations have been made in relation to safe, effective and compassionate care secure compliance and drive improvements.

<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

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Geetha Rajappan, Registered Manager. The timescales commence from the date of inspection.

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 may enhance service, quality and delivery.

### 5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return 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

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 21 Schedule 2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2016</p>	<p>The registered provider must ensure that systems are established to evidence the recruitment and selection process is in accordance with in The Nursing Homes Regulations (Northern Ireland) 2005, Regulation 21, schedule 2.</p> <p><b>Ref: Section 4.3</b></p>
	<p><b>Response by registered provider detailing the actions taken:</b> The Home has a robust recruitment, selection and verification process.</p> <p>Any gaps on Company application forms regarding employment history will be identified, logged and discussed with potential staff members.</p> <p>A reference including applicant's recent employer will be retained in personnel file.</p>

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 12.13</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 31 August 2016</p>	<p>The registered provider should ensure the menu offers either a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an equally nutritious alternative which reflects the patients' food preference is provided. This includes an alternative choice of hot meals and any special dietary requirements.</p> <p><b>Ref: Section 4.2 and 4.4</b></p>
	<p><b>Response by registered provider detailing the actions taken:</b> A balanced healthy and nutritionally based choice of hot and cold meals are available for patients in the Home</p> <p>The menu has been discussed with relevant staff members to ensure that alternative hot meals are available on a daily basis.</p>

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2016</p>	<p>The registered provider should ensure that the induction training records of staff evidence the signatures of the staff member and the supervisor to verify that induction training had been completed. The registered manager should sign induction training records to validate the satisfactory completion of induction training.</p> <p><b>Ref: Section 4.3</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>The induction training records are signed by the inductee and inductor.</p> <p>The Registered Manager signs the induction programme upon satisfactory completion.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 44.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2016</p>	<p>The registered provider should ensure the identified bathrooms are upgraded in accordance with infection prevention and control procedures and appropriate storage is made available in the identified patient's bedroom.</p> <p><b>Ref: Section 4.3</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>A contractor has been approached regarding two baths identified.</p> <p>A suitable storage facility for patient's bedroom has since been purchased.</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2016</p>	<p>The registered provider should ensure that systems are established to obtain the views of patients and relatives on the quality of nursing and other services provided by the home. Evidence should be present of the action taken by the registered manager in respect of any comments or suggestions made.</p> <p><b>Ref: Section 4.5</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>A relatives and patients meeting has been scheduled for September 2016 to further enhance the existing systems in place regarding feedback and comments regarding the home.</p> <p>Evidence and actions taken will be suitably recorded and made available.</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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