

Unannounced Care Inspection Report 21 August 2017



Lecale Lodge

Type of Service: Nursing Home
Address: 26 Strangford Road, Downpatrick, BT30 6SL
Tel No: 028 4461 6487
Inspector: James Lavery

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing and residential care for up to 56 persons.

3.0 Service details

| | |
|---|--|
| <p>Organisation/Registered Provider: Four Seasons Healthcare</p> <p>Responsible Individual: Maureen Claire Royston</p> | <p>Registered Manager: Diana Aston</p> |
| <p>Person in charge at the time of inspection: Diana Aston</p> | <p>Date manager registered: Diana Aston – Registration pending.</p> |
| <p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.</p> <p>Residential Care (RC) PH – Physical disability other than sensory impairment. I – Old age not falling within any other category.</p> | <p>Number of registered places: 56 comprising:</p> <p>13 - RC-I 2 - RC-PH for 2 identified persons only. 16 - NH-TI, NH-PH(E), NH-PH, NH-I 25 - NH-MP, NH-MP(E)</p> |

4.0 Inspection summary

An unannounced inspection took place on 21 August from 09.45 to 18.25 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The term 'patients' is used to describe those living in Lecale Lodge which provides both nursing and residential care.

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

Evidence of good practice was found in relation to promoting a culture of teamwork within the home; adult safeguarding; the spiritual care of patients and governance processes relating to quality assurance.

Areas for improvement under regulation were identified in relation to adherence to the Control of Substances Hazardous to Health (COSHH) regulations and fire safety practices.

Areas for improvement under standards was identified in relation to the provision of nurse call leads; infection prevention and control (IPC); care records; the dining experience of patients and governance processes relating to quality assurance and staff management.

Patients said that they were well cared for and expressed confidence in the ability and willingness of staff to meet their care needs. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

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 | 2 | 7* |

*The total number of areas for improvement includes one standard which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Diana Aston, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 02 February 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 02 February 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

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

The inspector met with six patients, six staff and one patient's relative. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 07 to 20 August 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2016/17
- incident and accident records
- one staff recruitment and induction file
- induction and orientation records for agency registered nurses and care staff
- minutes of staff and patient/relatives meetings
- three patient care records
- the matrix for staff supervision and appraisal
- a selection of governance audits relating to accidents; bedrails; wounds; care records
- complaints records
- adult safeguarding records
- RQIA registration certificate
- certificate of public liability
- a sample of personal emergency evacuation plans (PEEPS)
- 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 registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 02 February 2017

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

6.2 Review of areas for improvement from the last care inspection dated 26 September 2016

| Areas for improvement from the last care inspection | | |
|---|--|--------------------------|
| Action required to ensure compliance with The Care Standards for Nursing Homes (2015) | | Validation of compliance |
| Area for improvement 1 Ref: Standard 44 Stated: First time | The registered person should ensure that high dusting is completed regularly, particularly on top of wardrobes where items were observed to be stored. | Met |
| | Action taken as confirmed during the inspection: Observation of the environment and discussion with domestic staff confirmed that high dusting was completed regularly. | |
| Area for improvement 2 Ref: Standard 43.6 Stated: First time | The registered person should review the environment in the mental health unit and personalise it where possible. | Met |
| | Action taken as confirmed during the inspection: Observation of the mental health unit displayed evidence of a degree of personalisation. Discussion with the manager confirmed that the environment was decorated in a manner that sought to avoid over stimulation of patients thereby potentially increasing their levels of agitation and/or distress. | |

| | | |
|---|--|----------------------|
| Area for improvement 3 Ref: Standard 38.3 Stated: First time | The registered person should ensure references are sourced from the person providing the reference. | Met |
| | Action taken as confirmed during the inspection: A review of selection and recruitment records evidenced that references were sourced appropriately. Governance processes relating to the selection and recruitment of staff is discussed further in section 6.7. | |
| Area for improvement 4 Ref: Standard 12 Stated: First time | The registered person should ensure menus are available in all dining areas and are appropriately displayed and easily read. | Partially met |
| | Action taken as confirmed during the inspection: It was observed within the 'Cara' unit that the wall mounted menu was not completed and that there were no available menus on patients' dining tables. This area for improvement has been partially met and is therefore being stated for a second time. | |

6.3 Inspection findings

6.4 Is care safe?

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

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure that the assessed needs of the patients were met. A review of the staffing rotas from 07 to 20 August 2017 evidenced that the planned staffing levels were adhered to. Discussion with the manager also confirmed that contingency measures were in place to manage short notice sick leave. Observation of the delivery of care provided assurance that patients' needs were met by the levels and skill mix of staff on duty. Discussion with patients confirmed that they had no concerns regarding staffing levels.

Review of the training records indicated that training was planned to ensure that mandatory training requirements were met. Additional training was also provided, as required, to ensure staff were enabled to meet the assessed needs of the patients. Staff demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

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 notified appropriately. The manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. The manager also confirmed that an 'adult safeguarding champion' was identified for the home.

Discussion with the manager and review of records evidenced that there were 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).

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. However, observation of the laundry highlighted that a significant quantity of patients' unclaimed clothing was stored within black bin liners underneath an area designated for laundered clothing. This presented a fire risk and was highlighted to the manager. An area for improvement under regulation was stated.

A number of weaknesses relating to the environment were identified. During a review of the environment the inspector identified five areas throughout the home where patients could potentially have had access to harmful chemicals. This was discussed with the manager and an area for improvement under regulation was identified to ensure Control of Substances Harmful to Health (COSHH) regulations were adhered to. The areas identified on inspection were addressed before conclusion of the inspection.

Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. However, deficits were observed in relation to the interior environment of the home. For instance, wipes used for the delivery of patient care had been inappropriately stored in two areas. Furthermore, deficits in relation to the interior décor of the home included, torn curtains within a communal lounge; a broken window latch within a patient bedroom; visibly stained walls within one bedroom and one communal lounge. These deficits consequently impacted on the ability of staff to deliver care in compliance with IPC best practice standards and guidance. This was highlighted to the manager and an area for improvement under standards was stated.

Weaknesses were also observed in regards to the lack of nurse call leads for patients in some patient bedrooms and communal areas. This was highlighted to the manager and the need to ensure that patients are enabled to call for staff assistance in all areas was stressed. An area for improvement under standards was stated.

Areas of good practice

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

Areas for improvement

Areas for improvement under regulations were identified in relation to COSHH and fire safety practices.

Areas for improvement under standards were identified in relation to the provision of nurse call leads and infection prevention and control practices.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 2 | 2 |

6.5 Is care effective?

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

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. Staff spoken with stated that there was effective teamwork within the home, with each staff member knowing their role, function and responsibilities. Staff also confirmed that if they had any concerns, they would raise these with their line manager and /or the manager.

Care records evidenced that a range of validated risk assessments were used and informed the care planning process. There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT).

Staff generally demonstrated an awareness of the need to maintain patient confidentiality in relation to the storage of records in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005. Nonetheless, it was observed within one treatment room that a computer used by staff had been left unattended and displayed some patient information. This was highlighted to the manager and it was agreed that staff should ensure that electronic information concerning patients is stored and handled securely at all times.

Supplementary care charts with regards to repositioning and food and fluid intake records, evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff also demonstrated an awareness of the importance of contemporaneous record keeping.

Deficits were identified with regards to record keeping relating to the nursing management of patients who receive nutrition via percutaneous endoscopic gastrostomy (PEG) tubes. Although the care records for one such patient did evidence that relevant care planning was in place, the patient's records also contained contradictory information concerning the patient's assessed nutritional needs. This conflicting information was discussed with the manager and a review of supplementary care records confirmed that staff were adhering to the current assessed nutritional needs of the patient. However, a review of the patient's care records further highlighted that although nursing staff had identified a concern with regards to the patient's oral care needs and had contacted the patient's G.P. to discuss the matter, there was no care plan or supplementary care record in place to manage the provision of such care. These deficits were discussed with the manager and identified as an area for improvement under standards.

A deficit was also identified within patient care records in relation to the management of falls. Care records for one patient, who was identified by nursing staff on duty as being at a high risk of falling, evidenced inconsistent record keeping. Care records also highlighted that nursing staff had not re-evaluated the patient's falls risk assessment on three occasions following a fall. The importance of reassessing patient's care needs following any significant event was stressed to the manager and an area for improvement under the care standards was stated.

Areas of good practice

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

Areas for improvement

Areas for improvement under standards were highlighted in relation to care records and the timely assessment of patient's care needs.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 2 |

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Patients were very positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Feedback received from a number of patients during the inspection included the following comments:

"They look after me well."
 "It's great here."
 "I'm well looked after."

Staff demonstrated a good 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.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

In addition to speaking with patients, relatives and staff, RQIA provided ten questionnaires for staff to complete, ten for relatives and eight for patients. At the time of writing this report, one patient, three staff and four patients' relatives had returned their questionnaires. All patient and staff questionnaires indicated that the respondents were 'very satisfied' with the delivery of care. All feedback from returned questionnaires was shared with the manager following the inspection.

Observation of the lunch time meal throughout the home evidenced that patients were provided with a choice in regards to the meals being served. The dining areas observed appeared to be clean, tidy and appropriately spacious for patients and staff. Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans and associated SALT dietary requirements. All patients appeared content and relaxed in their environment. Discussion with kitchen staff evidenced good awareness of the holistic need of patients. However, there was a lack of suitable menus displayed within one dining area. Although this dining area did have a wall mounted menu displayed it had not been completed for patients to refer to. It was further observed on three occasions that staff transported uncovered meals from the dining area to patients' bedrooms. These observations were discussed with the manager an area for improvement under the care standards was stated for a second time.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff awareness of and adherence to the dietary requirements of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.7 Is the service well led?

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

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

We discussed the process of the manager's registration with the manager who confirmed that it was her intention to proceed with the application to become registered with RQIA.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the manager evidenced that the home was operating within its registered categories of care.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to appropriate staff in a timely manner.

A 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 wound management; infection prevention and control; environment; complaints; incidents and accidents. The manager confirmed that a daily walk around the home is conducted and that a daily medication audit is completed.

Quality of life (QOL) audits were also completed daily by the manager in order to monitor patient satisfaction with nursing care and to help quality assure service delivery.

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.

Discussion with the manager and 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.

Discussion with the manager and review of recruitment 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 manager stated that the policies and procedures for the home were systematically reviewed on a three yearly basis or as required.

The manager further confirmed that staff and patient/relatives meetings were held on a regular basis and that minutes were maintained. A review of records pertaining to meetings within the home highlighted that while minutes were available, they lacked signatures of staff attendance. The importance of obtaining attendee signatures a record of attendance was discussed and an area of improvement under the care standards was identified.

Staff recruitment information was available for inspection and records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Shortfalls were evidenced following a review of recruitment records for one member of staff in which it was noted that while two references had been received, the date on which these had been received was not evidenced. An area of improvement under the care standards was therefore identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements for quality assurance and service delivery and management of complaints.

Areas for improvement

Areas for improvement under standards were identified in relation to governance arrangements for quality assurance and staff management.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 2 |

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Diana Aston, 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.

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

Quality Improvement Plan

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

| | |
|---|---|
| <p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a)(c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>The registered persons must ensure that chemicals are stored in keeping with COSHH regulations.</p> <p>Ref: Section 6.4</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager discussed with all staff, the importance of ensuring that all store rooms and sluice rooms are kept locked with the fitted door key locks at all times thus ensuring that all chemicals are stored safely.</p> <p>Under sink unit locks have been fitted in the bistro and café.</p> |
| <p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First 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, including the appropriate storage of unclaimed patient clothing, in adherence with current fire safety risk assessments and best practice guidance.</p> <p>Ref: Section 6.4</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>All unclaimed clothing has been removed and full discussion has taken place with laundry staff to ensure unclaimed clothing will no longer be allowed to build up or be stored, in adherence with current fire safety risk assessments and best practice guidance.</p> |

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)

| | |
|---|---|
| <p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: Second time</p> <p>To be completed by: 18 September 2017</p> | <p>The registered person should ensure menus are available in all dining areas and are appropriately displayed and easily read.</p> <p>Ref: Section 6.4</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>Full discussion with all staff was held to re-iterate the importance of ensuring that all menus are displayed daily and are displayed in an easy to read way. All units have dedicated menu boards and care staff (over seen by the trained nurse) have been identified as responsible for ensuring that this is completed daily and in a timely manner..</p> |

| | |
|--|---|
| <p>Area for improvement 2</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>The registered person shall ensure that all patients have effective access to a functioning nurse call system at all times unless otherwise indicated by relevant assessment.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: A full review of all the current nurse call systems within the nursing unit has taken place. New nurse call leads are now present and fully functioning at every point in all bedrooms and communal areas.</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 18 September 2017</p> | <p>The registered person shall ensure that all areas relating to infection prevention and control identified in this inspection have been addressed.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: The Registered Manager has had a full discussion with all staff around the importance of infection prevention and control as regards to inappropriate storage of wipes. Wipes for the delivery of care are now not to be stored within toilets, bathrooms or shower rooms.</p> |
| <p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>The registered persons shall ensure that all patient care records accurately reflect the prescribed care and treatment which should be delivered in compliance with recommendations made by the multidisciplinary care team, specifically those patients requiring enteral feeding via a PEG tube. These records should also reflect the prescribed delivery of oral care.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: A review of patients stored paper records has taken place to ensure historic assessments by Speech and Language Therapist and choking risk assessments are archived within a timely manner. This will ensure that only the most up-to-date assessments by Speech and Language Therapists and choking risk assessments are active and clearly evident within our electronic daily care, careplans and assessments. It has also been discussed with all trained staff the importance of recording within our electronic daily care, the oral care that they are evidently administering to our patients.</p> |

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| <p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 18 September 2017</p> | <p>The registered provider must ensure that the assessment of patients' needs are kept under review in a timely manner and revised at any time when it is necessary to do so, specifically those patients assessed as being at a high risk of falls.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: The Registered Manager discussed with all trained staff the importance of consistency in their updating of risk assessments and patients needs post falls</p> |
| <p>Area for improvement 6</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 staff are not employed within the home until all the relevant legislative and best practice standards have been met.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: The Registered Manager had a discussion with the administrative staff. A crib sheet has been implemented to ensure that when we receive new employee references back that we detail a date of when they have been received back to ourselves.</p> |
| <p>Area for improvement 7</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 18 September 2017</p> | <p>The registered persons shall ensure that all governance and audit processes are managed effectively and robustly, specifically, minutes of all meetings should be accurately maintained and include attendee signatures.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: Staff have now been advised that we need to complete an attendee signature sheet at each meeting to accompany the meeting minutes that we currently take and record.</p> |

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



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