

# Unannounced Care Inspection Report 4 September 2017



## Broadways Private Nursing Home

**Type of Service: Nursing Home**  
**Address: Broadway, Main Street, Larne, BT40 1LT**  
**Tel no: 0282827 3464**  
**Inspector: James Lavery**

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

Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 33 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Mrs Barbara Sloan	<b>Registered manager:</b> Mrs. Jacqueline Davey
<b>Person in charge at the time of inspection:</b> Mrs. Jacqueline Davey	<b>Date manager registered:</b> 7 March 2012
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	<b>Number of registered places:</b> 33 comprising: NH-PH, NH-I  A maximum of 2 patients in category NH-PH.

### 4.0 Inspection summary

An unannounced inspection took place on 4 September from 09.25 to 18.15 hours.

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

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 management of accidents and incidents.

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

Areas for improvement under standards included 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 of care delivery.

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. Comments from relatives and staff in relation to the delivery of care are evidenced further in section 6.6.

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
<b>Total number of areas for improvement</b>	2	5

Details of the Quality Improvement Plan (QIP) were discussed with Jacqueline Davey, 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.

#### 4.2 Action/enforcement taken following the most recent inspection dated 6 December 2016

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 06 December 2016. 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 five patients, six staff and five patients' relatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

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 21 August 2017 to 3 September 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 06 December 2016**

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 21 November 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 30 <b>Stated:</b> First time	The registered provider must ensure that RQIA are notified of accidents/incidents or events occurring in the nursing home in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 – regulation 30.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the records confirmed that all accidents/incidents were reported as appropriate to RQIA in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 – regulation 30. The monthly analysis of all accidents/incidents is discussed further in section 6.7.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 6 <b>Stated:</b> First time	The registered provider should that patient information and records should be maintained in a confidential manner to ensure the privacy and dignity of patients is upheld at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment evidenced that care records were stored securely and confidentially.	

## 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 registered 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 21 August to 03 September 2017 evidenced that the planned staffing levels were adhered to. 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 clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

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 quality monitoring visit in accordance with regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Nursing staff demonstrated awareness of the various forms of abuse and how these might be recognised. The registered manager confirmed that an 'adult safeguarding champion' had been designated for the home.

An inspection of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be well decorated, warm and comfortable. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Weaknesses were highlighted in relation to the environment. Vinyl flooring in one communal lounge was observed to be damaged and another lounge was noted to be in poor decorative order. This was brought to the attention of the registered manager to ensure that best practice standards relating to infection prevention and control (IPC) were adhered to. An area for improvement under standards was highlighted.

Observation of a designated smoking area on the top floor highlighted that a wooden book case had not been securely fastened to the adjacent wall. It was further observed that although the wooden fencing which borders a terraced roof area appeared to be secure, it was noted to have two small areas of disrepair. This was highlighted to the registered manager and it was stressed that these deficits should be addressed to ensure patient safety. The registered manager stated that patients are not left unaccompanied on the top floor smoking area or roof terrace. These observations were also shared with the home's RQIA estates inspection team. Following the inspection, the registered manager has confirmed that the wooden book case has

been relocated and appropriately secured and that supports have now been added to the roof terrace fence.

Further deficits were observed in relation to patients having effective access to the nurse call system within the home. A number of patient bedrooms and communal areas were found to lack the provision of nurse call leads for patients. An area for improvement under standards was stated.

During a review of the environment the inspector identified four areas where patients could potentially have had access to harmful chemicals. This was discussed with the registered manager and an area for improvement under regulation was identified in order to ensure Control of Substances Harmful to Health (COSHH) regulations were adhered too. The areas identified were appropriately addressed on the day of inspection.

Weaknesses were also highlighted in relation to fire safety practices. Although it was observed that all fire exits and corridors were clear of clutter or any obstruction, it was found that a significant quantity of patient equipment was inappropriately stored at the top of a stairwell. While the designated escape route was not obstructed this was brought to the immediate attention of the registered manager and the stored equipment was removed before the conclusion of the inspection. It was stressed to the registered manager that staff all adequate precautions against the risk of fire are taken and that best practice standards in relation to fire prevention are bedded in to practice.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to adult safeguarding; promoting a culture of teamwork within the home and the reporting of notification of incidents to appropriate bodies.

### Areas for improvement

Areas for improvement under regulation were identified in relation to compliance with COSHH regulations.

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

### 6.5 Is care effective?

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

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. 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.



Staff who were 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 could raise these with their line manager and/or the registered manager.

There was evidence of multi-disciplinary working and collaboration with professionals such as GPs, physiotherapists and speech and language therapists (SALT).

Supplementary care charts with regards to food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements.

A review of three patients' care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were also clearly and effectively communicated to staff and reflected in the patients' records. There was also further evidence that the care planning process included input from patients and/or their representatives, if appropriate. Regular communication with representatives within the daily care records was also found. Care records further demonstrated that a range of validated risk assessments were used and informed the care planning process with care plans being written in a patient centred and timely manner.

Weaknesses were identified in relation to the delivery of care for patients identified as being at risk of pressure sores. The care records for one patient who required a pressure relieving mattress did not reference the use of this equipment. Observation of the patient also highlighted that the mattress setting was incorrect based on the patient's current weight. The patient's mattress setting was corrected before the inspection concluded. A review of care records for a second patient did not evidence that the patient had been repositioned as required on the day of the inspection. This patient's care records also failed to make any reference to the pressure relieving mattress which was in place. It was confirmed with the registered manager that the patient did not currently have any pressure sores. Discussion with the registered manager and deputy manager confirmed that the required settings of pressure relieving mattresses used by patients were not typically referenced in patient's care plans. It was also evidenced through discussion with the registered manager that no process is in place to audit the correct use of such equipment currently in use. These deficits were highlighted to the registered manager as an area for improvement under regulation.

Deficits were further observed in regards to the management of oxygen therapy for patients. Care records for one patient who required daily oxygen therapy highlighted that the relevant care plan did not indicate the flow rate at which the oxygen should be administered. Observation of the patient's bedroom also highlighted that no signage was in place to alert staff and/or visitors to the use of oxygen as was advised in the patient's oxygen therapy care plan. Further review of the patient's daily care records also highlighted that nursing staff were not recording any oxygen therapy care. Observation of the patient did confirm that they were receiving oxygen therapy at the correct rate. It was also observed that two oxygen cylinders were not safely stored securely in order to ensure patient safety. These deficits were discussed with the registered manager and an area for improvement under standards was stated.

Weaknesses in relation to the nutritional care of patients were also observed. One patient who was assessed as being at risk of malnutrition was not referred to the attending dietitian despite a significant weight loss being noted by nursing staff over a six month period. This was

highlighted to the registered manager and nursing staff contacted the patient’s dietitian before conclusion of the inspection to ensure that urgent dietetic review was requested. An area for improvement under regulation was stated. Furthermore, the registered manager has been requested to review the recorded body weight of all patients within the home during the previous six months to ensure that any required referrals to the multidisciplinary team have been made. The registered manager has been requested to forward these findings to RQIA upon completion.

**Areas of good practice**

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

**Areas for improvement**

Areas for improvement under regulation were identified in relation to the delivery of care, specifically, pressure area care and nutritional care.

An area for improvement under standards was identified in relation to care records, specifically, the management of oxygen therapy.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	1

**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:

- “I would recommend here 200 per cent.”
- “I love it here.”
- “This place is great.”

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

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 10 questionnaires for staff to complete, 10 for relatives and eight for patients. At the time of writing this report, three patients, six relatives and six staff returned their questionnaires.

- Patient questionnaire responses: All respondents stated that they were 'very satisfied' with the delivery of care. Comments included:  
 "I have prayer meetings in my room. I always done this at home."  
 "I feel part of a family"
- Patients' relatives responses: All respondents stated that they were 'very satisfied' with the delivery of care. Comments included:  
 "When I go home I know Matron and all the carers and cooks will look after my ..."
- Staff questionnaire responses: All respondents stated that they were 'very satisfied' with the delivery of care.

Discussions with staff provided evidence that they considered the registered manager to be very supportive and approachable.

Weaknesses were observed in relation to the dining experience of patients. During the serving of breakfast to patients seated within the dining room it was observed that some tables at which patients were eating had not been set appropriately in order to promote patient comfort and dignity. This was discussed with the registered manager and an area for improvement under regulation was stated.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to listening to and valuing patients and their representatives and taking account of the views of patients; awareness of and adherence to the dietary requirements and preferences of patients.

### Areas for improvement

Areas for improvement under standards were identified in relation to the dining experience of patients.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

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

The registered manager confirmed that there was a system in place to ensure that policies and procedures for the home were systematically reviewed on a three yearly basis or as required.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

A certificate of public liability insurance was current and displayed. Following discussion with care staff and a review of care records it was evidenced that the home was operating within its registered categories of care.

A review of records evidenced that monthly monitoring visits 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. An action plan was generated to address any areas for improvement.

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 care
- administration of medicines
- patients' register

A number of weaknesses were identified in relation to existing quality assurance processes. Discussion with the registered manager and review of records evidenced that there were processes in place 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). However, a review of these records revealed that while the NMC registration status of nursing staff employed by the home had been produced during August 2017, there was no evidence to indicate that this had been reviewed by the registered manager. The importance of effectively auditing the registration of staff with all relevant professional bodies was stressed.

Furthermore, while the registered manager confirmed that staff and residents' meetings were held on a regular basis and that minutes were maintained, a review of these records highlighted that the records were inconsistently maintained. For instance, one set of minutes lacked the date of the meeting and in two sets of minutes no staff signatures of attendance were obtained.

In addition, a review of records relating to all notifiable accidents/incidents or events occurring in the nursing home evidenced that no monthly analysis of this information was conducted by the registered manager.

These deficits were discussed with the registered manager and an area of improvement under standards was stated.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the provision and review of policies and procedures and the management of complaints.

## Areas for improvement

Areas for improvement under standards were identified in regards to governance processes relating to quality assurance and staff management.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs. Jacqueline Davey, registered 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 to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) 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](http://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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered persons must ensure that all cleaning chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health at all times.</p> <p>Ref: Section 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> All staff have been reminded of the regulations on COSHH. They have been informed that even if they are using chemicals they must not leave them unattended at any time.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 12 (2) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered persons must ensure that the delivery of care effectively meets the holistic needs of patients as identified within current care plans or following any identified deterioration in patients' well-being. Specifically:</p> <ul style="list-style-type: none"> <li>• those patients requiring the use of pressure relieving equipment</li> <li>• those patients at risk of malnutrition</li> </ul> <p>Ref: Section 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> Improved audit systems have been put in place to ensure staff are adhering to identified needs and to address any newly occurring care requirements.</p>

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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 2 October 2017</p>	<p>The registered persons shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: Section 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Staff have been reminded that PPE must be worn for appropriate tasks.</p>

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<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 43</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that all patients have effective access to the nurse call system as required.</p> <p>Ref: Section 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The nurse call system is available in all areas. It can be accessed by a wall switch or a call lead. Every Resident is individually assessed as to their abilities and preferences with regard to the use of the nurse call system.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person must ensure that patient care plans comprehensively and accurately reflect all required nursing interventions, including:</p> <ul style="list-style-type: none"> <li>• the use of oxygen therapy</li> </ul> <p>Contemporaneous nursing records should also reflect the care being delivered in these identified areas. Appropriate signage relating to the use of oxygen therapy should also be in place throughout the home at all times.</p> <p>Ref: Section 6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Staff have been reminded that care plans must reflect accurately the prescribed dose of oxygen not just state "oxygen therapy". Signage has been re-attached to the appropriate areas following painting of the Home.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered persons shall ensure that all practices and routines within the home promote and safeguard the principles of patient dignity and respect at all times, specifically in relation to the serving of meals.</p> <p>Ref: Section 6.6</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The dining room is set up specifically to meet the individual needs of each Resident. A system has been put into effect that place settings are arranged prior to the serving of breakfast in keeping with other mealtimes.</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 2 October 2017</p>	<p>The registered persons shall ensure that robust governance processes are maintained in relation to the quality assurance of care delivery and the management of staff, specifically:</p> <ul style="list-style-type: none"> <li>• regular auditing of NMC registration of staff</li> <li>• monthly auditing of accidents/incidents within the home</li> <li>• ensuring detailed minutes of all meetings including a record of staff signatures of attendance</li> </ul> <p>Ref: Section 6.7</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> NMC and NISCC registration checks are carried out monthly and dated on printout by the Responsible Person. They are now also signed by the Manager. The Manager continues to keep a record of all alert notices. Accidents and incidents are checked monthly by the Manager and Responsible Person. A Separate audit folder is available as part of Regulation 29 audits. The minute keeper of all staff meetings will now ensure staff countersign attendance sheets. A more accurate date of meetings will now be recorded, not only month and year.</p>
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*\*Please ensure this document is completed in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk)\**





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