

Unannounced Care Inspection Report 9 April 2018



Tamlaght

Type of Service: Nursing Home (NH)
Address: 34 Larne Road, Carrickfergus, BT38 7DY
Tel no: 028 9336 6194
Inspector: Kieran McCormick

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 and residential care for up to 45 persons.

3.0 Service details

Organisation/Registered Provider: Tamlaght Private Nursing Home Limited Responsible Individual: Fiona Gray	Registered Manager: Fiona Gray
Person in charge at the time of inspection: Fiona Gray – Registered Manager	Date manager registered: 5 May 2015
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	Number of registered places: 45 comprising: Category NH-PH for 2 identified individuals only. The home is also approved to provide care on a day basis only to 4 persons. There shall be a maximum of 4 named residents receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 9 April 2018 from 10.15 to 17.30 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 Tamlaght which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified 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 staff supervision and appraisals, adult safeguarding and staff knowledge, skills and experience relevant to their individual roles, risk assessing, teamwork, communication between residents, staff and other key stakeholders, provision of activities and attention to the religious and spiritual needs of patients.

Areas requiring improvement were identified and include the monitoring and completion of NMC and NISCC registration, fire safety training, medication management, environmental concerns, care planning, use of pressure relieving mattresses, the management and assessment of fluid intake for patients, the complaints procedure and the completion of a monthly monitoring quality assurance report/audit.

Patients described living in the home in positive terms, including the following comment:

"I have no complaints, all the staff are brilliant."

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 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	4	4

Details of the Quality Improvement Plan (QIP) were discussed with Fiona Gray, registered manager and Pam McDermott, deputy nurse 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 26 October 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 26 October 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 returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit

During the inspection the inspector met with 11 patients individually and with others in small groups, six staff and two patient's visitor/representative. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA via an online survey.

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 2 to 15 April 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- incident and accident records
- two staff recruitment and induction file
- staff appraisal and supervision planner
- staff meetings recorded for October 2018
- three patient care records
- six patient supplementary care records
- a selection of governance audits
- training records
- nurse in charge competency assessments
- annual report
- statement of purpose and service user guide
- complaints record
- compliments received
- RQIA registration certificate
- certificate of employers liability

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the responsible person at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 26 October 2017

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

6.2 Review of areas for improvement from the last care inspection dated 26 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (2) (b) (c) Stated: First time	The registered person shall ensure that the environmental issues identified on inspection are managed appropriately and in a timely manner.	Met
	Action taken as confirmed during the inspection: Environmental issues identified during the last inspection have been evidenced as addressed.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 39 Criteria (1) Stated: Second time	The registered person should ensure that an induction completion statement is included at the end of the induction booklet and signed/dated by the inductee and the staff member responsible for completion of the induction with oversight of the registered manager.	Met
	Action taken as confirmed during the inspection: A review of induction records evidenced that these had been appropriately signed off by the inductee, staff member responsible for induction and the registered manager.	
Area for improvement 2 Ref: Standard 30 Stated: Second time	The registered person should ensure that oxygen cylinders are stored in compliance with legislative requirements and professional standards and guidelines.	Met
	Action taken as confirmed during the inspection: All oxygen cylinders were observed to be safely and appropriately stored within the main treatment room for the home.	

<p>Area for improvement 3</p> <p>Ref: Standard 4 Criteria (9)</p> <p>Stated: Second time</p>	<p>The registered person should ensure that supplementary documentation in regard to repositioning and bowel management records are recorded contemporaneously and include any action/s taken where there is any variation from the patients' care plans.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection: Supplementary documentation reviewed for six patients' evidenced that these had been appropriately completed and maintained.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 45</p> <p>Stated: First time</p>	<p>The registered person shall ensure that equipment used within the home is used safely and in accordance with the manufacturer's guidelines.</p>	<p style="text-align: center;">Not met</p>
<p>Action taken as confirmed during the inspection: A review of records and pressure relieving equipment for three patients demonstrated that the equipment was not being used in accordance with assessed need and manufacturers guidelines.</p> <p>This area for improvement has not been met and has therefore been subsumed into an area for improvement under regulation.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that recommendations made by other professionals are clearly documented within the patient's care records so that the patient's care plan accurately demonstrates the care to be provided.</p>	
<p>Action taken as confirmed during the inspection: A review of three patients care records accurately demonstrated the recommendations made by other healthcare professionals.</p>	<p style="text-align: center;">Met</p>	

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 the assessed needs of the patients were met. A review of the staffing rota for weeks commencing 2 to 15 April 2018 evidenced that the planned staffing levels were adhered to. A review of records evidenced that dependency levels were kept under review to determine staffing requirements. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Discussion with patients and patient representatives evidenced that there were no concerns regarding staffing levels.

Staff recruitment information was available for inspection; the records for two staff were reviewed. In one file it was noted that one of the two references had not been provided by the most recent employer of the applicant, the registered manager was reminded to ensure that a reference from the most recent employer must always be sought, the registered manager provided assurances that this would be the case going forward. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

Discussion with staff and a review of records evidenced that the provision of supervision and appraisal was imbedded into practice in the home. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Nurse in charge competency and capability assessments had been completed and reviewed annually for all registered nurses working in the home.

Review of the training matrix/schedule for 2017/18 indicated a programme of training had been completed, however it was noted that whilst the majority of staff had previously completed fire safety training it was now overdue for all staff. This was discussed with the registered manager and an area for improvement, under the regulations, was made.

A review of records evidenced that robust arrangements were not in place for monitoring the registration status of nursing and care staff in accordance with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC). In regards to NMC registration the inspector noted that monthly checks had not been signed off by the person completing the check. In the case of NISCC registrations: it was identified that 13 care staff had either lapsed registration or no application for registration with NISCC had been completed. The inspector also noted that no NISCC check had been completed for February and March 2018, the last check in January 2018 had not been signed off by the person completing the check. These areas of concern were discussed with the registered manager and an area for improvement, under the regulations, was made.

The registered 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. A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home’s policies and procedures. RQIA were notified 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.

Patients/representatives/staff spoken with were complimentary in respect of the home’s environment. The majority of the home was found to be warm, well decorated, fresh smelling and clean throughout. The inspector noted two areas where the flooring would require to be replaced, this included outside of the main kitchen and an identified bedroom. These findings were discussed with the registered manager and an area for improvement, under the standards, was made.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

During a tour of the home the inspector observed a number of concerns in relation to the management of medications. A room used for the storage of prescribed thickening agents and supplements was observed to be wedged open and unlocked, outside of the same room a large supply of supplements were also being inappropriately stored for the duration of the inspection. Thickening agents and prescribed creams were observed to be inappropriately placed in corridor areas. This was brought to the attention of the registered manager and an area for improvement, under the regulations, was made. The aligned pharmacy inspector has been made aware of the areas for improvement identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, induction, supervision and appraisal, adult safeguarding and infection prevention and control.

Areas for improvement

Areas for improvement under the regulations were made in regards to the monitoring and completion of NMC and NISCC registration, fire safety training and medication management. One area for improvement under the standards was made in regards to flooring in identified areas.

	Regulations	Standards
Total number of areas for improvement	3	1

6.5 Is care effective?

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

Review of three patients care records evidenced that a range of validated risk assessments were completed as part of the admission process. There was evidence that risk assessments informed the care planning process. Care plans and risk assessments were reviewed monthly

by the named nurse. The inspector reviewed the use of pressure relieving mattresses in the home and noted in the three care records reviewed the relevant care plan did not reflect the setting required to be used on individual patient pressure relieving mattresses. An observation of the equipment highlighted that the settings on the pressure relieving mattresses was not in keeping with the actual body weight of the individual patient's. This was discussed with the registered and deputy manager and a previous area for improvement has therefore not been met and has been subsumed into an area for improvement under the regulations.

Care records accurately reflected recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians. A review of care records for two patients with a percutaneous endoscopic gastrostomy (PEG) tube evidenced that these were maintained in accordance with best practice guidance and recommendations from the dietician. There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of communication with representatives within the care records.

Supplementary care charts such as repositioning, bowel management, food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislation. However a review of supplementary fluid records for four patients' evidenced that the assessed daily fluid target had not been met on every occasion for each patient between 2 to 8 April 2018. Following further discussion with the registered and deputy manager it was agreed that the current tool for assessing patient daily fluid target was not effective for the patient group, an area for improvement under the standards, was made.

The inspector observed confidential patient information on a publically displayed notice board and within another area of the home. This was brought to the attention of the registered manager and was addressed prior to the end of the inspection.

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 stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with staff and a review of records informed that a staff meeting had not been held since October 2017. This was discussed with the registered manager who advised that the next staff meeting was planned for 19 April 2018; the registered manager was reminded that staff meetings should be held quarterly in the home. Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

Areas of good practice

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

Areas for improvement

An area for improvement under the regulations was made in regards to the care planning and use of pressure relieving mattresses. One area for improvement under the standards was made in regards to the management and assessment of fluid intake for patients.

	Regulations	Standards
Total number of areas for improvement	1	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.

The inspector arrived in the home at 10.15 hours and was greeted by staff who were helpful and attentive. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. 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. Ten patient and ten relative questionnaires were issued at the time of inspection, six questionnaires were returned from unknown sources that stated being very satisfied across the domains of safe, compassionate, effective and well led care, a written comment was also included on one of the questionnaires "I love living here, everyone is lovely". One relative questionnaire returned had a response of being very satisfied across all four domains. Four patient questionnaires were returned and included a varied response of being satisfied or very satisfied with the delivery of care across the four domains.

Comments from patients who met with the inspector included the following statements:

"I have no complaints, all the staff are brilliant"
 "the girls are great and get me whatever I need"

Relatives who met with the inspector stated:

"I am happy with my (relative) care and I know who to speak to if I was concerned"
 "it is very homely, it is 100%"

The inspector met with six staff. A poster inviting staff to complete an online survey was provided. At the time of writing this report no responses were received.

Any comments received from patients, relatives and staff were shared with the registered manager for their consideration and action as required. Any questionnaire responses received after the issue of this report will be reviewed by RQIA and forwarded to the relevant persons if necessary.

Observation of the lunch time experience and discussion with patients evidenced that patients enjoyed a pleasurable dining experience. Staff were observed wearing appropriate personal protective equipment (PPE) and were offering and providing assistance in a discreet and sensitive manner when necessary. Food was observed to be covered when being transferred

from the heated trolley to patients who were not in the dining room. The tables were appropriately set with cutlery and condiments.

The inspector observed a varied range of activities available to patients in the home. On the day of inspection activities were observed being delivered both in the morning and in the afternoon. Information was displayed that evidenced 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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients, attention to religious and spiritual needs of patients and availability of patient activities.

Areas for improvement

No areas for improvement were identified within this domain.

	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.

The RQIA registration certificate was appropriately displayed but was noted to not be reflective of the current registration status of the home regarding number of residential places. This was discussed with the registered manager and the inspector agreed to address this with the registration team at RQIA post inspection. A certificate of employers' liability insurance was displayed and up to date. The statement of purpose and service user guide was also available for review. The registered manager was knowledgeable in regards to the registered categories of care for the home. Review of records and observations undertaken during inspection confirmed that the home was operating within its registered categories of care.

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 were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Staff were able to identify the person in charge of the home in the absence of the registered manager.

A 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. Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure. A copy of the complaints procedure was available in the home; the procedure required updating to ensure that it accurately reflected the role of RQIA. This was discussed with the registered manager and an area for improvement, under the standards, was made. Patients/representatives confirmed that they were confident that staff/management would manage any concern raised by them appropriately. Patients and their representatives were aware of who the registered manager was.

An examination of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. However a review of accidents/incidents between February and March 2018 evidenced that two events notifiable to RQIA under regulation 30 had not in fact been reported. This was discussed with the registered manager who was also sign posted to the 2017 RQIA notifiable events guidance. The registered manager agreed to submit the notifications post inspection and demonstrated clear understanding of reporting similar such events going forward.

The registered and deputy manager were able to evidence that robust 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 distressed reactions, nutrition, palliative care, restrictive practice, use of bedrails, hand hygiene, infection prevention and control, falls, care records and incidents/accidents. Appropriate action plans had been devised following the completion of each audit.

Discussion with the registered manager and review of records for January to March 2018 evidenced that Regulation 29 monitoring visits were completed. However no action plan had been generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives. As the registered manager also fulfils the role of responsible individual the inspector advised that regulation 29 monitoring reports were not required but that instead a monthly quality assurance report/audit should be undertaken, this would need to be reviewed again if the responsible individual changed. An area for improvement, under the standards, was made.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the handling of complaints, maintaining good working relationships, understanding of roles and responsibilities and communication amongst staff.

Areas for improvement

Areas for improvement under the standards were made in regards to updating the complaints procedure and the completion of a monthly monitoring quality assurance report/audit.

	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 Fiona Gray, registered manager and Pam McDermott, deputy nurse manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 27 (4) (e)</p> <p>Stated: First time</p> <p>To be completed by: 7 May 2018</p>	<p>The registered person shall ensure that fire safety training is urgently provided for all staff currently working in the home and that this training continues to be provided twice per year.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Following the untimely death of our previous trainer, we have made new arrangements and Fire Safety training is scheduled to take place on several different dates in June. This training will be repeated 6 monthly thereafter.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 20 (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that the checking of the registration status of registered nurses and care staff is carried out in a timely and robust manner to ensure that staff do not work unregistered. A robust system of checks should be established and maintained. This should be countersigned by the registered manager.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: NMC checks are carried out before nursing staff start employment and monthly thereafter. These checks will be signed off by the Registered Manager or Deputy Manager. The NISCC checks have been amended to bring them line with best practice guidelines and monthly thereafter. New staff must agree to register within 2 months. These also will be signed off by the Registered Manager or in their absence the Deputy.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that prescribed thickening agents, food supplements and creams are securely stored at all times whilst in the home.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Nurses (and carers) have been reminded of the importance of storing medications securely. A key pad has been fitted to the supplements store.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1)(a)(b)</p>	<p>The registered person shall ensure that pressure relieving equipment used is appropriately set in regards to manufacturer's guidance and patient weight. The settings required should be appropriately recorded in care plans and reviewed as required.</p>

<p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: We have put in place a daily mattress pressure chart. This indicates a desired setting according to the resident's weight. The actual setting is checked and recorded daily. A mattress check is also included on the repositioning charts so staff are required to check the setting at each turn throughout the 24 hour period.</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2018</p>	<p>The registered person shall ensure that an environmental audit which includes flooring is completed; records of this should be maintained and the environmental issues identified on this inspection in regards to the two flooring areas of concern should be appropriately addressed.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: An environmental audit has been completed and we are in the process of obtaining quotes for the work required to be carried out. It has been stressed that this needs to be done before the end of June.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall review the existing fluid management and assessment arrangements in the home so to ensure that daily targets are reflective of individualised assessed need.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: The daily fluid assessment tool we use has been reviewed and now reflects a more realistic target for each of our residents.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 7</p> <p>Stated: First time</p> <p>To be completed by: 7 May 2018</p>	<p>The registered person shall ensure that the complaints procedure developed in the home is updated to reflect the role of RQIA and is maintained in accordance with legislation and DHSSPS guidance on complaints.</p> <p>Ref: Section 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: The complaints procedure has been updated to reflect the current role of the RQIA.</p>
<p>Area for improvement 4</p>	<p>The registered person shall ensure that a monthly quality assurance report/audit is undertaken and that where a shortfall/action has been</p>

<p>Ref: Standard 35.7</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>identified a corresponding action plan is implemented to address this.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: A monthly quality assurance audit is carried out by the Registered Manager using the template for Reg 29 visits, in line with current guidelines. The action plan section will be used going forward.</p>
---	---

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews