

# Unannounced Care Inspection Report 23 May 2017



## Tamlaght

**Type of service: Nursing Home**  
**Address: 34 Larne Road, Carrickfergus, BT38 7DY**  
**Tel no: 028 9336 6194**  
**Inspector: Dermot Walsh**

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Tamlaght took place on 23 May 2017 from 09.30 to 18.00 hours.

The inspection sought to assess progress with any issues raised 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.

### **Is care safe?**

Relevant checks were conducted within the recruitment process prior to a staff member commencing in post. RQIA were suitably informed of notifications under Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. A safe system for monitoring compliance with mandatory training was in place. Compliance with best practice in infection prevention and control (IPC) was well maintained. A requirement was made in regard to the management of the storage of chemicals. Three recommendations were made in relation to staffs' supervision and inductions and storage of oxygen.

### **Is care effective?**

Risk assessments had been conducted and informed subsequent care plans. Care plans had been personalised to meet patients' needs. Staff consulted knew their role, function and responsibilities. Staff meetings were conducted regularly. A recommendation has been made on repositioning and bowel management.

### **Is care compassionate?**

There was evidence of good communication in the home between staff and patients. Patients and their representatives were very praiseworthy of staff and a number of their comments are included in the report. No requirements or recommendations were made in this domain.

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

Many compliments had been received by the home in relation to the care and compassion provided to patients/relatives and some of these comments are contained within this report. Appropriate certificates of registration and public liability insurance were on display. Complaints received had been managed appropriately and systems were in place to monitor the quality of nursing care. No requirements or recommendations were made in this domain.

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

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	5*

\*The total number of recommendations includes one recommendation which was carried forward from the previous inspection for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Fiona Gray, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

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

The most recent inspection of the home was an unannounced care inspection undertaken on 6 January 2017. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

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

## 2.0 Service details

<b>Registered organisation/registered person:</b> Tamlaght Private Nursing Home Limited Fiona Gray	<b>Registered manager:</b> Fiona Gray
<b>Person in charge of the home at the time of inspection:</b> Fiona Gray	<b>Date manager registered:</b> 5 May 2015
<b>Categories of care:</b> NH-PH, NH-I, RC-I  Category NH-PH for 2 identified individuals only. A maximum of 2 residents in category RC-I with 1 additional identified individual in this category. The home is also approved to provide care on a day basis only to 4 persons.	<b>Number of registered places:</b> 45

### 3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report and the returned QIP
- pre inspection assessment audit

During the inspection we met with eight patients individually and others in small groups, three patient representatives, four care staff, two registered nurses and one ancillary staff member.

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

Questionnaires were also left in the home to facilitate feedback from patients, their representatives and staff not on duty. Ten patient, ten staff and eight patient representative questionnaires were left for completion.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- three patient care records
- staff training records
- staff induction template
- complaints records
- incidents / accidents records since the last care inspection
- minutes of staff meetings
- staff recruitment records
- a selection of audit documentation
- competency and capability assessments for nurse in charge
- monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- duty rota for the period 15 to 21 May 2017

### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 6 January 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 6 January 2017

Last care inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p>Ref: Regulation 17 (1)</p> <p>Stated: Second time</p>	<p>The registered provider must ensure that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home.</p> <p><b>Action taken as confirmed during the inspection:</b> A robust system was in place to ensure compliance with best practice in infection prevention and control within the home.</p>	Met
<p><b>Requirement 2</b></p> <p>Ref: Regulation 19 (1) (a) Schedule 3 (1) (a) (b) (3) (K)</p> <p>Stated: Second time</p>	<p>The registered person must ensure that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of one patient's wound management records evidenced that these had been recorded appropriately.</p>	Met
<p><b>Requirement 3</b></p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person must ensure that MUST and Braden risk assessments are conducted as required and result in appropriate actions being taken and recorded.</p> <p><b>Action taken as confirmed during the inspection:</b> MUST and Braden risk assessments had been recorded and managed appropriately.</p>	Met
<p><b>Requirement 4</b></p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person must ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p><b>Action taken as confirmed during the inspection:</b> Compliance with infection prevention and control was observed during a review of the environment.</p>	Met

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 35 <b>Stated:</b> Second time	It is recommended that incidents/accidents are managed and recorded in accordance with best practice and professional guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Accidents and incidents are now managed and recorded appropriately.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 44 <b>Stated:</b> Second time	It is recommended that patients have a means of summoning assistance, if required, within the identified area.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> During a review of the environment, a means of summoning assistance was observed within the identified room.	
<b>Recommendation 3</b> <b>Ref:</b> Standard 6 <b>Stated:</b> First time	The registered person should review the location in which early risers are placed to prevent an elongated time for patients to be seated in wheelchairs waiting for the serving of breakfast.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager, staff and patients evidenced that early risers were placed appropriately.	
<b>Recommendation 4</b> <b>Ref:</b> Standard 47 <b>Stated:</b> First time	The registered person should ensure that footrests on wheelchairs are folded away and patients' feet are securely on the floor when seated in wheelchairs unless this has been assessed and care planned as inappropriate.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Patients had been appropriately seated in wheelchairs which had been correctly positioned when observed within the home.	

<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p>	<p>The registered manager should review the mealtimes for patients across all meals to include how staff provide assistance, serve meals in a timely manner and ensure adequate 'gaps' between meals.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with staff and a review of the meal times evidenced that this recommendation has now been met.</p>		
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 47</p> <p><b>Stated:</b> First time</p>	<p>The registered person should ensure a magnetic lock or similar device is applied to the identified doors in the dining, kitchen and treatment rooms to facilitate safe and healthy working practices within the home.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the registered manager confirmed that magnetic locks for the identified doors had been ordered and that the working practices in the home have changed since the last care inspection in that doors are no longer propped open. Doors were not observed to be propped open on review of the environment.</p>		
<p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 47</p> <p><b>Stated:</b> First time</p>	<p>The registered person should ensure that equipment in the home is only used for the purpose that it was designed for and no alterations should be made to any equipment in the home unless the person is authorised and trained to do so.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>All equipment observed on inspection was used only for the purpose it was designed. No alterations were observed on any equipment.</p>		

<b>Recommendation 8</b>  <b>Ref:</b> Standard 17 Criteria (7)  <b>Stated:</b> First time	The registered person should ensure that staff within the home receive training pertinent to their role on distressed reactions in patients.	<b>Carried forward to next inspection</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager confirmed that there had been difficulty in resourcing training on distressed reactions though contact had been made with a trainer who should be able to offer a date at the beginning of June 2017.  This recommendation will be carried forward for review to the next inspection.	

### 4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 15 May 2017 evidenced that the planned staffing levels were adhered to. Discussion with patients and representatives evidenced that there were no concerns regarding staffing levels. Four staff consulted had concerns around the staffing arrangements in the home. These concerns were passed to the registered manager for review and action as appropriate.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. 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 confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. An induction booklet was completed. However, a recommendation was made for the addition of a statement of completion to be placed at the end of the induction booklet and signed/dated by the new employee and the staff member responsible for completion of the induction with oversight of the registered manager.

Discussion with the registered manager and review of training records evidenced that a system was in place to monitor staff attendance at mandatory training. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Staff consulted confirmed that they considered the training provided by the home was sufficient to meet their roles. Training on distressed reactions had not been completed. Discussion with the registered manager confirmed that there had been difficulty in sourcing training for distressed reaction management but was now confident that a training source has been found. A recommendation made in this regard in the previous inspection has been carried forward for review at the next care inspection.

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



Discussion with staff and the registered manager and a review of records evidenced that a system was in place to ensure that staff appraisals were conducted annually. There was no system available for review that supervisions have been completed twice yearly. This was discussed with the registered manager and a recommendation was made.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. An adult safeguarding champion had been identified for the home and a date for specific training on the role of the adult safeguarding champion was being sourced. This will be reviewed at a subsequent care inspection.

Review of three patient 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.

Review of notifications forwarded to RQIA from 6 January 2017 confirmed that these were appropriately managed. Accidents and incidents were reviewed monthly to identify any potential patterns or trends.

A review of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Bedrooms and communal areas were clean and spacious. Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were well maintained.

However, during a review of the environment a domestic trolley containing chemicals was observed accessible to patients and out of sight of staff. Furthermore, the door to an identified room containing harmful chemicals was also accessible to patients. This was discussed with the registered manager and a requirement was made to ensure Control of Substances Harmful to Health (COSHH) regulations were adhered to.

Oxygen cylinders were observed in a storage area and oxygen was observed in use in a patient's bedroom. There was no external signage on either room to inform that oxygen was present/in use. This was discussed with the registered manager and a recommendation was made.

### **Areas for improvement**

It is recommended that a completion statement is included on the induction booklet and signed by the inductee and the staff member responsible for completion of the induction with oversight of the registered manager.

It is recommended that a system is put in place to ensure that all staff members receive two recorded supervisions annually.

It is required that chemicals are stored and managed in accordance with COSHH regulations.

It is recommended that oxygen cylinders are stored in compliance with legislative requirements and professional standards and guidelines.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	3
-------------------------------	---	----------------------------------	---

#### 4.4 Is care effective?

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Care plans had been personalised to meet the individual needs of the patients and had been reviewed monthly.

Supplementary care records in regards to bowel management, repositioning and food/fluid intake were reviewed. A daily food/fluid intake chart had been recorded well on the patient who required monitoring. However, shortfalls were identified on bowel management recording and records of repositioning. One patient's bowel management records indicated 18 days between bowel movements. Progress notes indicated, 'incontinence care given,' which does not reflect bowel management. Repositioning records evidenced gaps of up to six hours between repositioning which was not in compliance with the patient's care plan. This was discussed with the registered manager and a recommendation was made.

Patient/representative involvement in care assessment and planning was included within all of the patient care records reviewed in the form of a signed 'plan of care' agreement form.

Discussion with the registered manager confirmed that a staff meeting was conducted from the last care inspection. Minutes of the meeting was available for review and included details of attendees; dates; topics discussed and decisions made. There was evidence that further staff meetings had been planned. All six respondents in staff questionnaires indicated that there were regular staff meetings.

The registered manager confirmed that they operate an 'open door policy' and are available to discuss any issues with staff, patients and/or relatives. The registered manager also confirmed that they would undertake a daily walk around the home and would avail of the opportunity to engage with patients and relatives at this time.

Staff consulted knew their role, function and responsibilities. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patients and representatives were confident in raising any concerns they may have with the staff and/or management.

#### Areas for improvement

It is recommended 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.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
-------------------------------	---	----------------------------------	---

## 4.5 Is care compassionate?

Two registered nurses, four carers and one ancillary staff member were consulted to ascertain their views of life in Tamlaght. Ten staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Six of the questionnaires were returned within the timescale for inclusion in the report.

Some staff comments were as follows:

“I enjoy working here.”

“The work is stressful at times but I love it.”

“I like the work and like the girls.”

“I don’t feel respected.”

“We need to review the skill mix of trained and untrained staff.”

“I enjoy it here.”

“I love it here.”

Eight patients were consulted. 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 questionnaires were left in the home for completion. Seven of the patient questionnaires were returned.

Some patient comments were as follows:

“I find the home very good. I am very content.”

“The care in the home is very good.”

“This is a very good home.”

Three patient representatives were consulted with on the day of inspection. Eight relative questionnaires were left in the home for completion. Six relative questionnaires were returned. The respondents indicated that they were satisfied or very satisfied with the care provided in the home.

Some relatives’ comments were as follows:

“It’s very good here. It’s good to see activities happening.”

“The care is very very good. Staff always make me feel welcome.”

“The nursing care is very good but sometimes I feel new staff are not checked.”

Staff interactions with patients were observed to be compassionate, caring and timely.

The serving of lunch was observed in the main dining room downstairs. A menu was on display. Patients were seated around tables which had been appropriately laid for the meal. Food was served when patients were ready to eat or be assisted with their meals. Staff were knowledgeable in regard to patients’ nutritional requirements. Food appeared nutritious and appetising. The mealtime was well supervised. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. Condiments were available on tables and a range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience.

### Areas for improvement

No areas for improvement were identified during the inspection in the compassionate domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
-------------------------------	---	----------------------------------	---

#### 4.6 Is the service well led?

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

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager evidenced that the home was operating within its registered categories of care. However, following a review of patients accommodated in the home, it was observed that one patient had been admitted outside of the conditions of registration as referenced on the registration certificate. This was discussed with the registered manager in detail and following a consultation with senior management in RQIA, a retrospective variation application was submitted to RQIA by the registered manager.

Discussion with the registered manager and review of the home's complaints records 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. The complaints procedure was displayed at reception.

A compliments file was maintained to record and evidence compliments received.

Some examples of compliments received are as follows:

"Thank you for all the care and kindness you gave daddy, me and the boys during one of the hardest times of our lives."

"Thank you with our deepest gratitude for your love and care of ... ."

"... every member of staff was so kind, affectionate and no task was ever an effort."

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, monthly audits were completed in accordance with best practice guidance in relation to patient care records, wound care, IPC and accidents and incidents.

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

Four staff consulted confirmed that when they raised a concern, they did not feel that the home's management would take their concerns seriously. These concerns were passed to the registered manager on the day of inspection for review and action as appropriate. Six respondents in staff questionnaires were of the opinion that the homes management would take concerns seriously.

Discussion with the registered 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.

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

Areas for improvement have been identified in the safe and effective domains with regard to the management of Control of Substances Hazardous to Health (COSHH) regulations, recording and management of supplementary documentation, staff supervisions and inductions and storage of oxygen. Compliance with this requirement and recommendations will further drive improvements in these domains.

### Areas for improvement

No areas for improvement were identified during the inspection in the well led domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
-------------------------------	---	----------------------------------	---

## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Fiona Gray, registered person, as part of the inspection process. The timescales commence from the date of inspection.

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

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

## 5.1 Statutory requirements

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

## 5.2 Recommendations

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

## 5.3 Actions to be taken by the registered provider

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

#### Requirement 1

**Ref:** Regulation 14 (2)  
(a) (c)

**Stated:** First time

**To be completed by:**  
With immediate effect

The registered person 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.

**Ref: Section 4.3**

**Response by registered provider detailing the actions taken:**  
Housekeeping staff have amended their practice to ensure compliance with COSHH legislation. After review new locks have been put in place on the identified area. Other areas where chemicals are stored have also been reviewed.

### Recommendations

#### Recommendation 1

**Ref:** Standard 17  
Criteria (7)

**Stated:** First time

**To be completed by:**  
31 August 2017

The registered person should ensure that staff within the home receive training pertinent to their role on distressed reactions in patients.

**Ref: Carried forward from previous inspection**

**Response by registered provider detailing the actions taken:**  
I have been in touch with the Nursing & Midwifery Education department at Fern House, Antrim Area Hospital to ask them to provide this training for the Nursing & Care staff in the Home.

#### Recommendation 2

**Ref:** Standard 39  
Criteria (1)

**Stated:** First time

**To be completed by:**  
31 July 2017

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.

**Ref: Section 4.3**

**Response by registered provider detailing the actions taken:**  
The current documentation has been amended to include a statement of completion and space for this to be signed off by the Registered Manager.

#### Recommendation 3

**Ref:** Standard 40

**Stated:** First time

**To be completed by:**  
31 July 2017

The registered person should ensure that a system is put in place to ensure that all staff members receive two recorded supervisions annually.

**Ref: Section 4.3**

**Response by registered provider detailing the actions taken:**  
A new programme has been put in place to ensure that all staff receive supervision at least twice a year.

<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 May 2017</p>	<p>The registered person should ensure that oxygen cylinders are stored in compliance with legislative requirements and professional standards and guidelines.</p> <p><b>Ref: Section 4.3</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> We have reviewed the oxygen signage throughout the home to ensure compliance with all relative legislation.</p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 4 Criteria (9)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 June 2017</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><b>Ref: Section 4.4</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Both care and nursing staff have been reminded of the need to make accurate and contemporaneous records in line with the care plan for each individual resident. Nurses have been reminded to monitor the record keeping on each shift.</p>

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





The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

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

 @RQIANews