

Unannounced Care Inspection Report 14 December 2016



Massereene Manor

Type of Service: Nursing Home
Address: 6 Steeple Road, Antrim, BT41 1AF
Tel no: 02894487779
Inspector: Loretto Fegan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Massereene Manor took place on 14 December 2016 from 10.20 to 20.20 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?

Observations made, review of documentation and discussion with the registered manager and staff demonstrated that generally care provided to patients was safe. However, weaknesses were identified in relation to moving and handling practices, submitting notifications to RQIA under Regulation 30, trip hazards and infection prevention and control. Two requirements and two recommendations have been stated to secure compliance and drive improvement.

Is care effective?

Generally, there was evidence of good delivery of care with positive outcomes for patients and there was also evidence of effective team working. However, nursing care records require improvement to reflect the patients' comprehensive assessment of need. Care plans should be in place to reflect all of the individualised nursing care required. Risk assessments also require to be reviewed in accordance with best practice guidance. A requirement was made in relation to recording patient assessments. A recommendation was stated for a second time regarding the care planning process and a further recommendation was made in regard to governance arrangements for care planning.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients who were able, confirmed that they were afforded choice, privacy, dignity and respect. 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. Relatives spoken with during the inspection and those who returned questionnaires to RQIA were generally positive regarding care delivered, communication and staff attitude. Issues raised by relatives were discussed with the registered manager who agreed to action as required. There were no areas for improvement identified in this domain.

Is the service well led?

There was evidence of the home having systems and processes in place to monitor the delivery of care and services within Massereene Manor. However, one recommendation was made in relation to the management of complaints. Compliance with the requirements and recommendations made in the safe, effective and well led domains of this report should assist to improve the overall services provided, the experience of patients and leadership within the home.

The term 'patients' is used to describe those living in Massereene Manor, 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
Total number of requirements and recommendations made at this inspection	3	*5

*The total number of recommendations includes one stated for a second time. Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Olive Hall, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent Estates inspection

The most recent inspection of the home was an unannounced premises inspection undertaken on 25 August 2016. 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

Registered organisation/registered person: Massereene Manor/Ms Naomi Carey	Registered manager: Mrs Olive Hall
Person in charge of the home at the time of inspection: Mrs Olive Hall	Date manager registered: 1 April 2005
Categories of care: NH-LD, NH-LD(E), RC-DE, NH-DE, NH-MP, NH-MP(E) A maximum of 10 residential beds in category RC-DE. A maximum of three patients in categories NH-LD & NH-LD(E). The home is also approved to provide care on a day basis to 4 persons.	Number of registered places: 74

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- communication received since the previous care inspection
- the returned quality improvement plans (QIPS) from inspections undertaken during this inspection year
- the previous care inspection report and returned quality improvement plan (QIP).
- a serious adverse incident (SAI) report.

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector met with Mrs O Hall, registered manager, 16 patients, five registered nurses including a newly appointed deputy manager, one residential supervisor, four care staff and three residents' representatives.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staff duty rotas for weeks commencing 4 December and 11 December 2016
- three nursing care records and one residential care record
- accident and incident records
- audits
- complaints records
- arrangements for monitoring Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC) registration
- staff induction and appraisal records
- a sample of minutes of staff and relatives meetings
- a sample of monthly monitoring reports in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 25 August 2016

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned and approved by the estates inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider, as recorded in the QIP will be validated at the next premises inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 9 March 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 6.6 Stated: First time	Patient records should be maintained in a confidential and secure manner at all times.	Met
	Action taken as confirmed during the inspection: From observations made and discussion with five staff, it was determined that patient records were maintained in a confidential and secure manner at all times.	
Recommendation 2 Ref: Standard 4 Stated: First time	The care planning process should be improved to ensure care plans were individualised and supported the care needs of the patient.	Partially Met
	Action taken as confirmed during the inspection: One residential care plan was reviewed and was found to be individualised to support the care needs of the patient. However, all three nursing care plans reviewed required significant development with regard to ensuring an individualised approach to support the care needs of the patients. This recommendation has been stated for a second time.	

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. The registered manager advised that the home had significant staff changes during the past year as a number of registered nurses had left employment. However, the home have recruited eight international nurses who were completing an adaptation programme. A review of the staffing rota for week commencing 4 December and 11 December 2016 evidenced that the planned staffing levels were adhered to by 'block booking' agency staff. The registered manager confirmed that a mix of permanent staff and agency staff was maintained in the home at all times. An additional deputy manager had also been recruited.

In addition to nursing and care staff rotas, it was confirmed that administrative, maintenance, catering, domestic and laundry staff were employed in sufficient numbers for the efficient running of the home. RQIA were advised that the home was recruiting for a housekeeper and also care assistants to undertake relief duties.

Staff spoken with, were satisfied that there were sufficient staff to meet the needs of the patients. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

A review of a staff personnel file evidenced that the selection and recruitment process was in keeping with The Nursing Homes Regulations (Northern Ireland) 2005, Regulation 21 schedule 2. While three references were obtained, a reference from the most recent employer was not available in the personnel file. Following the inspection, the registered manager forwarded an e-mail to RQIA on 15 December 2016, which evidenced that a reference request was sent to the most recent employer by the home prior to the staff member taking up post.

The template used to assess the competency of nurses undertaking the adaptation programme was examined. As there was no provision made in the template for the registered manager to record her evaluation of the overall competency of the employee, on completion of the adaptation programme, Mrs Hall agreed to put this process in place. Discussion with four staff including the recently appointed duty manager evidenced that newly appointed staff complete a structured orientation and induction programme at the commencement of their employment. A review of two records confirmed that supervision and appraisals had been completed within the past year. The registered manager advised that a review of the process for undertaking supervision and appraisal had taken place, within the organisation, and that training was in place to support staff with the changes. The registered manager confirmed that a competency and capability assessment had taken place within the past year for all registered nurses who are given the responsibility of taking charge of the home in the absence of the registered manager.

A review of the training records confirmed that the majority of staff had completed their mandatory training for the current year. The registered manager provided evidence of a memorandum sent to staff who had not attended all mandatory training which demonstrated that a robust system was in place to ensure staff attended mandatory training. Mrs Hall confirmed that all staff had since completed their mandatory training for the current year and agreed to update the training matrix to reflect this. There was evidence of staff undertaking additional training to support them in the care of patients.

Observation of the delivery of care evidenced that moving and handling training was not embedded into practice as the care provided by two staff undertaking a moving and handling procedure did not reflect best practice. This was discussed with the registered manager and a requirement was made.

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

The registered manager and staff spoken with demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. The registered manager was aware of the regional guidance issued in July 2015 entitled "Adult Safeguarding Prevention and Protection in Partnership".

However, a review of documentation evidenced that a potential safeguarding concern raised as part of complaint was not referred to the relevant personnel in accordance with the regional safeguarding protocols. Discussion with the registered manager regarding how to identify potential adult safeguarding issues within complaints took place and it was agreed that following a retrospective referral to the Trust; then RQIA would be notified in accordance with Regulation 30. Following the inspection, RQIA received confirmation on 15 December 2016 confirming that the concern was referred. A requirement was made regarding appropriate notification of adult safeguarding concerns.

A sample of records was reviewed pertaining to accidents and incidents since the previous care inspection. This identified one incident where notification to RQIA was not completed. This notification was forwarded retrospectively to RQIA on 15 December 2016. At the request of the registered manager, further clarification was provided by RQIA on 16 December 2016 that a notification to RQIA must be made in the event of any accident/incident where a patient requires medical intervention. A requirement has been made.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Discussion with the registered manager and the residential supervisor and review of a residential record indicated that learning had taken place from a recent Serious Adverse Incident report and that the learning was embedded in practice.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. However, a trailing lead attached to a battery being charged was evident in one corridor and the activities room was untidy with items lying on the floor. These issues were brought to attention of the staff concerned and the registered manager provided an assurance that the issues raised would be addressed. A recommendation was made.

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

Infection prevention and control measures were generally adhered to, however the following issues were identified:

- a torn permafrow mattress was on a bed in an identified bedroom. Following discussion with the registered manager and review of supporting documentation, it transpired that this mattress was identified for replacement within a previous audit. An e-mail from the registered manager to RQIA on 16 December 2016 confirmed that the mattress has since been replaced.
- personal clothing belonging to patients was left in an activities room and a bathroom. Following the inspection, the registered manager confirmed that these items of clothing have been removed.
- one registered nurse reported that specific venepuncture equipment was not available, in keeping with best practice. The registered manager confirmed by e-mail on 16 December 2016 that disposable tourniquets are on order
- there was no records to evidence that environmental and infection prevention and control audits had taken place in the previous three to four months. However, the registered manager advised that she monitors these issues when doing a daily walk around the home. Whilst RQIA acknowledge that the identified infection prevention and control issues have been addressed, a recommendation was made to ensure that robust systems and processes are in place to minimise the risk of infection.

Areas for improvement

A requirement was made that arrangements are put in place, and monitored, to provide a safe system for moving and handling patients.

A requirement was made that notification to RQIA and other relevant agencies must be made in accordance with regulations and regional procedures and in a timely manner.

A recommendation was made that staff are aware of the need to ensure that all parts of the home, to which patients have access, are free from avoidable hazards to their safety.

A recommendation was made that robust audit systems should be reintroduced to minimise the risk of infection.

Number of requirements	2	Number of recommendations	2
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4.4 Is care effective?

Review of one residential record evidenced a good standard of record keeping in respect of assessment, risk assessments, care planning, daily evaluation of care and reviews. There was evidence of patient and relative involvement and timely referrals to the multi-disciplinary team and of advice being followed.

Review of three patient care records evidenced that a range of validated risk assessments were completed and generally informed the care planning process as part of the admission process. However, the patients' Braden, falls and Malnutrition Universal Screening Tool (MUST) had not been re-assessed for two months. In one of the records an assessment of the patients' needs was made. However in the other two records a comprehensive assessment of patients' needs had not been made. This issue had been identified by the newly appointed deputy manager when she reviewed the system for record keeping as part of her induction process. A requirement was made.

Review of the care plans for all three patients evidenced that the care planning process had not been fully completed. For example, details of one patient's needs in relation to pressure area care was not included in the patient's care plan. Following observation, discussion with staff and review of repositioning charts, food and fluid intake charts; RQIA were satisfied that the needs of the patient were being met. A recommendation has been stated for a second time in relation to the care planning process. Refer to section 4.2 and a further recommendation has been made regarding governance and oversight of this process.

Staff demonstrated an awareness of the importance of contemporaneous record keeping in relation to daily evaluations and recording supplementary charts. However, one record examined at 16.30 hours in relation to supervision checks had not been recorded from 11.15 on the day of inspection, this was highlighted to the staff concerned. The registered manager has agreed to monitor that all records are documented contemporaneously.

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 their line manager and/or the registered manager. All grades of staff consulted with clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with the registered manager and staff confirmed that staff meetings were held on a regular basis. The registered manager advised that she also operated an 'open door' policy in relation to communicating with her.

There was evidence of relative engagement and notes of the most recent meeting were available. As reference was made to personal care issues raised by relatives during the relatives' meeting, it was agreed with the registered manager that any personal or confidential information about patients would be redacted and that relatives would be made aware of the alternative forum available to discuss personal care issues.

Two representatives spoken with raised staffing as an issue and provided examples of how they felt this impacted on their relatives' care. One of the relatives also had queries in relation to specific aspects of their relative's care including moving and handling techniques, RQIA advised the relative that specific concerns regarding their relative's nursing care could be discussed with care management. Both relatives were in agreement that their concerns were shared with the registered manager. Mrs Hall advised that she was aware of some of the concerns raised and agreed to discuss the issues further with the relatives concerned and action as required.

Areas for improvement

A requirement was made that patient assessments, including risk assessments, are completed and kept under review.

A recommendation was stated for a second time regarding the care planning process as detailed in section 4.2

A recommendation was made that the development of care plans is monitored by senior staff to ensure it meets with DHSSPS care standards for nursing homes and professional standards. Records of this should be maintained and available for inspection.

Number of requirements	1	Number of recommendations	2
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Sixteen patients were consulted with individually; those who were able confirmed that they were afforded choice, privacy, dignity and respect. 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.

Staff demonstrated a detailed knowledge of patients' wishes and preferences and were aware of the requirements regarding patient information and confidentiality. It was observed that one area of the home had bedroom doors locked. Clarification was sought and RQIA were satisfied with the rationale and assurances provided in regard to communication and record keeping in relation to this practice.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients where possible, their representatives and staff on the running of the home. The registered manager advised that in addition to an 'open door' policy, the views and comments recorded from the annual satisfaction survey were collated and analysed, and that a summary report was compiled and shared with staff, patients and representatives and made available at reception.

From observations made and discussion with the staff and patients, it was confirmed that there were opportunities for patients to maintain friendships and socialise within the home.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. Two relative and two staff questionnaires were returned to RQIA within the specified timeframe. Some of the comments received during the inspection and in the returned questionnaires are detailed below.

During the inspection, staff expressed high levels of satisfaction with the care provided to patients. Staff stated that the care provided was of a good standard. Most staff made reference to staffing levels but said that they worked well together to ensure shifts were covered and that while it would be good to have more time to spend communicating with patients, the patients' care needs were always met. Questionnaire responses indicated that staff were either satisfied or very satisfied with the questions asked in relation to; is care safe, effective, compassionate and well led.

Discussions were held with sixteen patients. Patients who were able to respond were very positive regarding the care they received, some comments include:

- "it's lovely in here, I'm happy"
- "very kind staff"
- "I like to keep trim" This patient had their hair and nails done
- "staff are brilliant"
- "I like here"

During the inspection three relatives were spoken with, and were generally positive regarding care delivered, communication and staff attitude. Comments from relatives during the inspection and from the questionnaire responses include:

- "care is excellent, I don't think there is enough staff but staff work beyond their remit"
- "sometimes staff are under pressure to deal with more demanding residents"
- "sometimes the floor is left unattended"
- "the nurse informed me immediately and dealt with the situation very efficiently. Also when... and...are working, I feel very confident that...is safe and well looked after"
- "Olive Hall and ... are very dedicated to the residents. They have their best interests at heart. If there are issues they are dealt with promptly".

Comments regarding staffing and supervision of patients have been passed on to the registered manager who agreed to monitor and action as required.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities and able to identify the person in charge of the home in the absence of the registered manager. Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Staff also confirmed that they had access to the home's policies and procedures.

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.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were generally managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. The investigative action and follow up to a relative in relation to one complaint was incomplete and was documented, during the inspection, by the registered manager. There was also no record of follow up communication within 28 days with another relative in regard to the outcome of a complaint investigation. A recommendation was made.

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. Audits in relation to accidents and incidents were completed in accordance with best practice guidance. However, as stated previously there was no evidence of audits completed in relation to care records, infection prevention and control and the environment in recent months. The registered manager confirmed that returns were made to the Northern Health and Social Care Trust on a quarterly basis regarding complaints 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.

Discussion with the registered manager and review of three records evidenced that Regulation 29 monitoring visits were completed in accordance with the regulations. An action plan was generated to address any areas for improvement. As copies of the reports can be made available for patients, their representatives, staff and Trust representatives, it was agreed with the registered manager that any information within the reports which could easily identify a staff member or patient would be redacted.

RQIA acknowledged that the registered manager endeavoured to maintain safe staffing levels while difficulties in recruitment and retention were encountered in the past year. The appointment of an additional deputy manager should augment the leadership within the home.

Areas for improvement

Recommendations regarding audit and governance arrangements have been previously made. Refer to sections 4.3 and 4.4 for details. Audits should be reconvened in relation to care records, infection prevention and control and the environment.

A recommendation was made that the complaints investigative process, outcome and the action taken should be discussed with the person who made a complaint and a record made of whether or not the complainant was satisfied with the outcome and how this level of satisfaction was determined.

Number of requirements	0	Number of recommendations	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs O Hall, registered manager 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 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 (3) Stated: First time To be completed by: 14 December 2016	<p>The registered provider must ensure arrangements are put in place, and monitored, to provide a safe system for moving and handling patients.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: This has been addressed with all relevant staff.</p>
Requirement 2 Ref: Regulation 30 Stated: First time To be completed by: 14 December 2016	<p>The registered provider must ensure notification to RQIA and other relevant agencies is made in accordance with regulations and regional procedures and in a timely manner.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: Clarity has been sought in relation to any misconceptions around reporting.</p>
Requirement 3 Ref: Regulation 15 Stated: First time To be completed by: 14 December 2016	<p>The registered provider must ensure that patient assessments, including risk assessments, are completed and kept under review.</p> <p>Ref: Section 4.4</p> <p>Response by registered provider detailing the actions taken: Staff continue to strive to maintain patient records and keep under review.</p>
Recommendations	
Recommendation 1 Ref: Standard 4 Stated: Second time To be completed by: 14 December 2016	<p>The registered provider should ensure that the care planning process is improved to ensure care plans are individualised and support the care needs of the patient.</p> <p>Ref: Section 4.2 & 4.4</p> <p>Response by registered provider detailing the actions taken: Audits of care records and supervision of Registered Nurses will take into consideration improvements in relation to person centred records.</p>
Recommendation 2 Ref: Standard 43 (4) Stated: First time To be completed by: 14 December 2016	<p>The registered provider should ensure that staff are aware of the need to ensure that all parts of the home, to which patients have access, are free from avoidable hazards to their safety.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: This matter has been addressed with all staff in the home.</p>

<p>Recommendation 3</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 3 January 2017</p>	<p>The registered provider should ensure that robust audit systems are re-introduced to minimise the risk of infection.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: Deputy Managers will be completing Infection Control Audits for each building.</p>
<p>Recommendation 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 14 December 2016</p>	<p>The registered provider should ensure that the development of care plans is monitored by senior staff to ensure it meets with DHSSPS care standards for nursing homes and professional standards. Records of this should be maintained and available for inspection.</p> <p>Ref: Section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: Deputy Managers will be responsible for Care Plan audits. Records will be maintained.</p>
<p>Recommendation 5</p> <p>Ref: Standard 16</p> <p>Stated: First time</p> <p>To be completed by: 3 January 2017</p>	<p>The registered provider should ensure that the investigative process, outcome and action taken is discussed with the person who made a complaint and a record made of whether or not the complainant was satisfied with the outcome and how this level of satisfaction was determined.</p> <p>Ref: Section 4.6</p> <hr/> <p>Response by registered provider detailing the actions taken: The complaints record has now been updated to include relevant outcomes.</p>

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