

# Unannounced Care Inspection Report 26 April 2016



## Dunanney Care Centre

**Address: 12 Glebe Road, Newtownabbey, BT36 6UW**  
**Tel No: 02890849349**  
**Inspector: Karen Scarlett**

## 1.0 Summary

An unannounced inspection of Dunanney Care Centre took place on 26 April 2016 from 09:20 to 15.15 hours.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

Weaknesses were identified in the delivery of safe care, specifically in relation to competency and capability assessments for agency registered nurses and the fitness of the premises. These deficits have led to a reduction in positive outcomes for patients. Two requirements have been made to secure compliance and to drive improvement.

### Is care effective?

There was evidence that there was competent delivery of effective care and that there were positive outcomes for patients. Two recommendations have been made in relation to record keeping and recording of staff meetings in order to drive improvement.

### Is care compassionate?

Observations on the day of inspection and comments from patients and staff evidenced that there was competent delivery of compassionate care and that there were positive outcomes for patients. There were no areas identified for improvement in this inspection.

### Is the service well led?

Weaknesses were identified in the delivery of a well led service. These deficits have led to a reduction in positive outcomes for patients. A total of two requirements and two recommendations have been made within two of the other domains. Five recommendations have also been made within the well led domain in relation to complaints management, audit of complaints, infection control and falls and the monthly quality monitoring visits.

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.

For the purposes of this report the term “patients” will be used to describe those living in Dunanney Care Centre, which provides both nursing and residential care.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	<b>2</b>	<b>7</b>

Details of the QIP within this report were discussed with Julie McGlinchey, acting manager, during 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 medicines management inspection. No enforcement or actions other than the return of the QIP were required following this inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Larchwood Care Homes (NI) Limited	<b>Registered manager:</b> Julie McGlinchey (see below)
<b>Person in charge of the home at the time of inspection:</b> Julie McGlinchey	<b>Date manager registered:</b> Not registered - acting manager
<b>Categories of care:</b> NH-I, NH-PH, RC-I, RC-MP(E), RC-PH(E)	<b>Number of registered places:</b> 40

## 3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable event submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report
- pre-inspection audit.

During the inspection we met with five patients, three care staff and two registered nurses.

The following information was examined during the inspection:

- three patient care records
- records of an ongoing adult safeguarding investigation
- staff duty rotas from 18 April to 1 May 2016
- staff training records
- a random sample of incident and accident records from February 2016 to the present
- complaints records from January 2016 to the present
- a sample of audits

- monthly quality monitoring reports
- minutes of staff meetings
- minutes of patients/relatives meetings
- one recruitment file
- competency and capability assessments for agency registered nurses.

**4.0 The inspection**

**4.1 Review of requirements and recommendations from the most recent inspection dated 8 October 2015**

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

**4.2 Review of requirements and recommendations from the last Care inspection dated 4 June 2015**

Last care inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 20 (1) (a)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients –</p> <p>(a) Ensure that at all times suitably qualified, competent and experience persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients.</p> <p>Reference to this is made in that there must be a comprehensive review of staffing levels so that;</p> <ul style="list-style-type: none"> <li>• Levels meet the assessed dependencies of patients / residents over the evening period.</li> <li>• That the overall skill mixed of trained staff on night duty is adequate to meet the numbers and dependencies of patients / residents.</li> </ul>	<p><b>Met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b> A review of the duty rota, observation at the inspection, and discussion with the acting manager and staff, evidenced that sufficient staff were on duty to meet the needs of patients.</p> <p>A “twilight” shift had been introduced for a care assistant from 20.00 to 00.00 hours. Staff commented positively on the addition of this shift. Registered nurses spoken with were of the opinion that they could complete their medicine rounds uninterrupted and care staff stated that they now had more time for patients.</p> <p>This requirement has been met.</p>	
<b>Last care inspection recommendations</b>		<b>Validation of compliance</b>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 20</p> <p><b>Stated:</b> First time</p>	<p>The registered persons should ensure that end of life care and death arrangements are discussed with patients and their representatives and documented in their care plan, where appropriate.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of care records confirmed that staff had discussed end of life and death arrangements with patients and their representatives. Detailed information concerning patients’ wishes and preferences were documented in the care plans reviewed.</p> <p>This recommendation has been met.</p>	<p><b>Met</b></p>

#### 4.3 Is care safe?

Discussion with the acting manager and a review of duty rotas for nursing and care staff confirmed that planned staffing levels were adhered to. Discussion with patients and staff evidenced that there were no concerns regarding staffing levels. A requirement made at a previous inspection in regards to staffing levels in the evening and night time period has been met. Please refer to Section 4.2 for further information. Observation of the delivery of care evidenced that patients’ needs were met by the levels and skill mix of staff on duty.

Discussion with staff and review of one recent recruitment record evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

From a review of the duty rota it was apparent that agency registered nurses were in charge of the home on night duty. The acting manager and home administrator stated that they endeavoured to “block book” the same agency registered nurses to provide continuity for the patients. The acting manager confirmed that there were out of hours, on-call arrangements in place should there be any queries or concerns.

The induction records and competency and capability assessments were requested for two agency registered nurses on duty on the week of the inspection. The home administrator provided a number of profiles supplied by the nursing agency, but there were no records in relation to these two registered nurses. One registered nurse, involved in inducting agency staff, stated that the agency registered nurses brought in their own induction forms for completion and took these away with them in order to demonstrate to the agency that they had received an induction. Copies of these had not been retained by the home. It was emphasised to the acting manager that she must assure herself that any registered nurse left in charge of the home in her absence is competent to do so and records of this must be retained. A requirement has been made in this regard.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Additional training was provided as required to meet the assessed needs of the patients. Discussion with the acting manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

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

The acting manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. There was evidence that staff had reported any concerns to acting manager. The records of one ongoing adult safeguarding investigation were reviewed and these confirmed that the safeguarding concern was being managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. However, it was noted that RQIA had not been appropriately notified following the incident in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005. The requirements of this regulation were discussed in more detail with the acting manager who agreed to forward details of the incident to RQIA without delay. There was evidence that RQIA had been appropriately notified regarding other notifiable events in the home.

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.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, the lounges and dining rooms were found to be well decorated, warm and comfortable. However, a number of bathrooms and shower rooms throughout the home were found to require repairs to flooring, skirting boards and walls. One specified bathroom was found to have a significant malodour which persisted throughout the day of the inspection. In addition, the soap dispenser in this bathroom had not been effectively cleaned. A requirement

has been made in this regard. This matter was referred to the estates inspector for their information and action as required.

During an inspection of the premises an issue was identified with the use of bed rails. On one patient's bed an airwave mattress had been placed on top of another mattress. This effectively reduced the height of the bed rails relative to the top of the mattress which posed a potential risk to the patient and is not in accordance with MHRA - safe use of bed rails guidelines (2013). This was discussed with the acting manager. She stated that usually a thinner mattress would be used under the overlay but this must have been overlooked in this case. She went on to state that the one ancillary staff member was responsible for fitting the mattresses. It was emphasised that the overall accountability for safety lay with the acting manager and registered nursing staff.

The mattress was replaced on the day of inspection. It was also agreed that the acting manager would review the use of similar mattresses throughout the home and notify RQIA of the outcome. Notification was received from the acting manager on 27 April 2016 confirming that all mattresses and bed rails complied with best practice guidelines and further supervision was planned for the staff member who usually fits the mattresses.

Fire exits and corridors were observed to be clear of clutter and obstruction and equipment was appropriately stored.

### Areas for improvement

A requirement has been made that the registered person ensures that a competency and capability assessment is carried out with any registered nurse, including an agency registered nurse, who is given the responsibility or being in charge of the home for any period in the absence of the manager.

A requirement has been made that the registered person ensures that all bathrooms and shower rooms are kept clean and in a good state of repair.

<b>Number of requirements</b>	<b>2</b>	<b>Number of recommendations:</b>	<b>0</b>
-------------------------------	----------	-----------------------------------	----------

### 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 records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dietitians. Registered nurses were aware of the local arrangements and referral process to access these, and other, professionals as appropriate.

A review of supplementary care charts, such as, repositioning, food and fluid charts evidenced that these records were generally well maintained. It was noted that some staff were recording entries using 12 hour clock and others 24 hour clock, which made the records difficult to follow. Issues in relation to the signing and dating of audits were also identified. Please refer to section

4.6 for further information. A recommendation has been made that the registered person ensures that entries made in records are dated, timed and signed and time entries are recorded in a consistent manner.

Review of patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. There was evidence that the care planning process included input from patients and/or their representatives, as appropriate. There was evidence of regular communication with patients' representatives within the care records.

Discussion with staff and a review of the duty rota evidenced that registered nurses 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.

Discussion with the acting manager confirmed that staff meetings had been held recently. On review the records were found to contain agendas for a registered nurses' and a care assistants' meetings, both held in February 2016. However, whilst the attendees had been recorded, no minutes of the discussions had been retained. A recommendation has been made in this regard.

Staff confirmed that staff meetings were held approximately twice yearly and that communication from the acting manager was ongoing on a more informal basis. The acting manager stated that she often spoke with staff and communicated day to day issues using the registered nurses' diary. 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 acting manager and they were confident that issues would be addressed. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patients spoken with expressed their confidence in raising concerns with the home's staff and management. Patients confirmed that they knew the acting manager.

On the day of inspection the home's administrator was in the process of posting out questionnaires to patients' representatives to seek their views on the services provided on the home. The acting manager explained that the responses would be reviewed, any actions taken and the outcomes included within the annual report.

### Areas for improvement

A recommendation has been made that the registered person ensures that entries made in records are dated, timed and signed. Time entries should be recorded in a consistent manner.

A recommendation has been made that the registered person ensures that records of staff meetings are kept and include minutes of the discussions and any actions agreed.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
-------------------------------	----------	-----------------------------------	----------



#### 4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. The acting manager and staff were observed to be welcoming relatives to the home and relationships were friendly between staff, relatives and patients. Care assistants were chatting, playing games and singing along with the patients in the lounges at various times throughout the day. 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 serving of breakfast was observed and the table were well set, music was playing and the atmosphere was calm, relaxed and unhurried. A care assistant was actively encouraging one patient to take some breakfast and was noted to be patient and reassuring. Timely assistance was offered to those who required it. One patient in the dining room commented that it was as good as any hotel and described the care as, "first class."

One patient was very ill and their relative was sitting with them. Staff were noted to be calling in on a regular basis to check on them. One care assistant offered to sit with the patient when the relative had to step out.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Two care assistants spoken with emphasised the importance of knowing their patients well. One registered nurse stated that the patients were like her family. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Notices were up in the home regarding the times of religious services.

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Those patients spoken with were positive regarding the care and the staff. Comments included:

"I couldn't say a word about them (the staff)."

"This is the best place here."

No patients' representatives spoke with RQIA but seven returned questionnaires within the required time frame. All of the respondents expressed their satisfaction with the standard of care in the home. However, one respondent was of the opinion that staff were, "spread too thinly." Another respondent stated that their relative's room was not always as clean as they would like. This respondent also commented negatively regarding the approach of one unidentified staff member to their relative.

Ten questionnaires were issued to staff that were not on duty on the day of inspection and eight were returned within the required timeframe. All respondents expressed satisfaction with the standard for care provided in the home. One respondent was of the opinion that there was not always sufficient staff on at weekends. Another respondent commented:

“I have worked in different homes over the years and just love working in Dunanney. Residents’ needs and care are first priority.”

The comments of patients’ representatives and staff were shared with the acting manager for her information and action as required.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

#### 4.6 Is the service well led?

Discussion with the acting 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. The current manager has been in post since September 2015, in an acting capacity, and is continuing to provide cover for the registered manager who is absent at present.

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

The acting manager confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis. Policies and procedures were indexed, dated and approved by the registered person.

Patients were aware of who the acting manager was. Patients and representatives confirmed that they were confident that staff and management would manage any concern raised by them appropriately. A copy of the complaints procedure was displayed in the foyer of the home.

A review of the home’s complaints record, from January 2016 to the present, evidenced that complaints were not being managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. A record was made regarding the initial complaint and there was evidence that a number of complaints had been successfully addressed. However, in other records the investigation of the complaint and the outcome for the complainant was not consistently recorded. It was also noted that two complaints forms were in use, one for formal complaints and one for informal complaints. In discussion with the acting manager the purposes of each form could not be clearly ascertained. In addition, monthly audits of complaints had not been consistently recorded to identify any patterns, trends or action points. Two recommendations have been made in relation to complaints management.

Discussion with the acting 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, audits were completed in relation to infection prevention and control, environment, restrictive practices, medicines, weight loss and incidents/accidents.

In general, the results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.

However, it was noted that the monthly "housekeeping" audit, which focused on the condition of the premises and environmental cleaning, was last completed in January 2016 by the housekeeper. Two issues had been noted and addressed. However, it was concerning that the issues identified at the inspection in relation to the environment had not been noted during this process or during the monthly quality monitoring visits. This was discussed with the acting manager and it was emphasised that she should oversee any audits in relation to the environment/ infection control and that the home would benefit from a more robust process of environmental audit. A recommendation has been made in this regard.

A review of the falls audits, from January 2016 to present, found these to be inconsistently completed. When completed, the audit analysed the total number of accidents, the time of day and the location at which the fall occurred. A pattern had emerged that majority of falls in this time period were happening after 20.00 hours and in patients' bedrooms. However, there was insufficient evidence that this had been appropriately investigated or addressed. In addition, there was no facility within the audit to identify patients who fell frequently, in order to prompt further action or appropriate referral. A recommendation has been made in this regard.

It was further noted that a number of the weight loss and incident and accident audits were not dated and signed. A recommendation has been made regarding this aspect of record keeping under Section 4.4.

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. A file was maintained of all notices and the most pertinent alert notices were on display in the nurses' stations.

Discussion with the acting manager and review of records evidenced that monthly quality monitoring visits had been completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes (2015). An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and Trust representatives. The reports were reviewed from December 2015 until February 2016 and it was noted that each had been conducted by three different individuals. The issues identified at each previous visit had not been carried forward for review at each subsequent visit to ensure that these had been appropriately actioned. A recommendation has been made in this regard.

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

Five recommendations have been made within the well led domain. A total of two requirements and two recommendations have been made within two of the other domains which have the potential to impact on a well led service.

## Areas for improvement

A recommendation has been made that the registered person ensures that complaints are investigated and responded to within 28 days. Records should be kept to include all communications, the result of any investigation, the action taken and the outcome for the complainant.

A recommendation has been made that the registered person ensures that complaints are analysed on a monthly basis to improve the quality of services and any learning is disseminated.

A recommendation has been made that the registered person ensures that a system is established to assure compliance with best practice in infection prevention and control within the home.

A recommendation has been made that the registered person ensures that falls are consistently reviewed on a monthly basis to identify any patterns or trends and appropriate action taken. This should include a facility to identify patients who fall frequently.

A recommendation has been made that the registered person ensures that actions identified during the monthly quality monitoring visits are carried forward for review at subsequent visits to ensure that issues have been appropriately addressed.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>5</b>
-------------------------------	----------	-----------------------------------	----------

### 5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Julie McGlinchey, acting manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person 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 person 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the 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 person meets legislative requirements based on 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 person may enhance service, quality and delivery.

## 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered person to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the manager. Once fully completed, the QIP will be returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the establishment. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the establishment.

## Quality Improvement Plan

### Statutory requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 20 (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from date of inspection</p>	<p>The registered person must ensure that a competency and capability assessment is carried out with any nurse, including an agency registered nurse, who is given the responsibility or being in charge of the home for any period in the absence of the manager.</p> <p><b>Ref: Section 4.3</b></p> <p><b>Response by registered person detailing the actions taken:</b> induction competency folder in place for all agency nurses working in the home . All nursing staff aware this has to be completed before agency staff can be left in charge of the home. nurse competencies ongoing within the home for nursing staff already working here.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 27 (b) (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 26 September 2016</p>	<p>The registered person must ensure that all bathrooms and shower rooms are kept clean and in a good state of repair.</p> <p><b>Ref: Section 4.3</b></p> <p><b>Response by registered person detailing the actions taken:</b> Monthly house keeping audits to be adhered to strictly . Manager to check all bathrooms and shower rooms on a weekly basis and record any actions needed.</p>

<b>Recommendations</b>	
<b>Recommendation 1</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time <b>To be completed by:</b> 26 May 2016	The registered person should ensure that entries made in records are dated, timed and signed. Time entries should be recorded in a consistent manner.  <b>Ref: Section 4.4 and 4.6</b>
	<b>Response by registered person detailing the actions taken:</b> All entries made in audit records will be dated, timed and signed at the end of each month in a consistent manner.
<b>Recommendation 2</b> <b>Ref:</b> Standard 41 <b>Stated:</b> First time <b>To be completed by:</b> 26 May 2016	The registered person should ensure that records of staff meetings are kept and include minutes of the discussions and any actions agreed.  <b>Ref: Section 4.4</b>
	<b>Response by registered person detailing the actions taken:</b> All staff meetings will be recorded accurately and minutes to be taken by the administrator and typed up accordingly including any actions to be taken.
<b>Recommendation 3</b> <b>Ref:</b> Standard 16 <b>Stated:</b> First time <b>To be completed by:</b> 26 June 2016	The registered person should ensure that complaints are investigated and responded to within 28 days. Records should be kept to include all communications, the result of any investigation, the action taken and the outcome for the complainant.  <b>Ref: Section 4.6</b>
	<b>Response by registered person detailing the actions taken:</b> The complaints records will include all the necessary documentations and will be responded to within 28 days. They will include result of investigation, any action taken and the outcome of the complaint.
<b>Recommendation 4</b> <b>Ref:</b> Standard 16 <b>Stated:</b> First time <b>To be completed by:</b> 26 June 2016	The registered person should ensure that complaints are analysed on a monthly basis to improve the quality of services and any learning is disseminated.  <b>Ref: Section 4.6</b>
	<b>Response by registered person detailing the actions taken:</b> Complaints will be audited monthly to improve the quality of services.
<b>Recommendation 5</b> <b>Ref:</b> Standard 46 <b>Stated:</b> First time <b>To be completed by:</b> 26 June 2016	The registered person should ensure that a system is established to assure compliance with best practice in infection prevention and control within the home.  <b>Ref: Section 4.6</b>
	<b>Response by registered person detailing the actions taken:</b> Manager to oversee monthly house keeping audits and will inspect the premises on a weekly basis to identify any environmental issues, so that they can be acted on promptly. A record of weekly checks will be

	kept in managers audits folder.
<b>Recommendation 6</b> <b>Ref:</b> Standard 22 <b>Stated:</b> First time <b>To be completed by:</b> 26 June 2016	The registered person should ensure that falls are consistently reviewed on a monthly basis to identify any patterns or trends and appropriate action taken. This should include a facility to identify patients who fall frequently.  <b>Ref: Section 4.6</b>
	<b>Response by registered person detailing the actions taken:</b> falls are reviewed on a monthly basis and action plan has been commenced to document any patterns and trends . it will be completed monthly.
<b>Recommendation 7</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time <b>To be completed by:</b> 26 June 2016	The registered person should ensure that actions identified during the monthly quality monitoring visits are carried forward for review at subsequent visits to ensure that issues have been appropriately addressed.  <b>Ref: Section 4.6</b>
	<b>Response by registered person detailing the actions taken:</b> Action plans will be carried forward and given to the person carrying out the monthly quality monitoring visit at the start of visit.

**I agree with the content of the report.**

<b>Registered manager</b>	Julie McGlinchey	<b>Date completed</b>	17/05/16
<b>Registered person</b>	Chris Walsh	<b>Date approved</b>	17/05/16
<b>RQIA inspector assessing response</b>	Karen Scarlett	<b>Date approved</b>	17/5/16

Please provide any additional comments or observations you may wish to make below:

***\*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