

## **Unannounced Secondary Care Inspection**

<b>Name of Establishment:</b>	<b>Dunanney Care Centre</b>
<b>Establishment ID No:</b>	<b>1439</b>
<b>Date of Inspection:</b>	<b>23 May 2014</b>
<b>Inspector's Name:</b>	<b>Loretto Fegan</b>
<b>Inspection ID:</b>	<b>18354</b>

**The Regulation And Quality Improvement Authority**  
**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500    Fax: 028 9051 7501**

**1.0 General Information**

<b>Name of Home:</b>	Dunanney Care Centre
<b>Address:</b>	12 Glebe Road Newtownabbey BT36 6UW
<b>Telephone Number:</b>	028 90849349
<b>E mail Address:</b>	Shirley.long@larchwoodni.com
<b>Registered Organisation/ Registered Provider:</b>	Larchwood Care Homes (NI) Ltd Mr Ciaran Henry Sheehan
<b>Registered Manager:</b>	Mrs Shirley Long
<b>Person in Charge of the Home at the Time of Inspection:</b>	Ms M Janusz (Clinical Lead Nurse), and later Mr C Walsh, Business Support 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
<b>Number of Patients Accommodated on Day of Inspection:</b>	22 Nursing 12 Residential
<b>Scale of Charges (per week):</b>	Nursing £567 - £634 Residential £450 - £475
<b>Date and Type of Previous Inspection:</b>	13 June 2013 Primary unannounced care inspection
<b>Date and Time of Inspection:</b>	23 May 2014 12.35 pm – 5.25 pm
<b>Name of Inspector:</b>	Loretto Fegan (bank inspector)

## **1.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

### **1.1 Purpose of the Inspection**

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

### **1.2 METHODS/PROCESS**

Specific methods/processes used in this inspection include the following:

- discussion with business support manager
- discussion with staff
- discussion with patients individually and to others in groups
- examination of records pertaining to activities and events
- review of a sample of staff duty rotas
- review of a sample of nursing and residential care records
- observation during a tour of the premises
- evaluation and feedback.

### **1.3 Inspection Focus**

The main focus of the inspection was to follow-up the progress made in relation to requirements and recommendations made during previous inspection and to establish the level of compliance being achieved.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 2.0 Profile of Service

Dunanney Care Centre is situated on the outskirts of Glengormley, Newtownabbey, on a site shared with its' sister home, Glebe Care Centre.

The nursing home is owned and operated by Larchwood Care Homes (NI) Ltd.

The current registered manager is Mrs Shirley Long.

Accommodation for patients / residents is provided on two floors in single and double bedrooms (some with en-suite facilities).

Access to the first floor is via a passenger lift and stairs.

Communal lounge and dining areas are provided on both floors.

The home also provides for catering and laundry services on the ground floor.

A number of communal bathrooms, toilet and shower facilities are available throughout the home.

The home is surrounded by landscaped gardens and car parking facilities. Access to public transport is convenient to the home, on Prince Charles Way.

The home is registered to provide care for a maximum of 40 persons under the following categories of care:

### Nursing Care (NH)

I	old age not falling into any other category
PH	physical disability other than sensory impairment – under 65 years

### Residential Care (RC)

I	old age not falling into any other category
MP (E)	mental disorder excluding learning disability or dementia – over 65 years
PH (E)	physical disability other than sensory impairment – over 65 years

### 3.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Dunanney Care Centre. The inspection was undertaken by Loretto Fegan (bank inspector) on 23 May 2014 from 12.35 pm to 5.25 pm.

The inspector was welcomed into the home by Mr G Mitchell, administrator. Ms M Janusz, clinical lead nurse was in charge of the home at the commencement of the inspection. Ms Janusz facilitated the inspection until the arrival of Mr C Walsh, business support manager. Verbal feedback of the issues identified during the inspection was given to Mr C Walsh at the conclusion of the inspection.

During the course of the inspection, the inspector met with 10 patients / residents, six staff and one relative. The inspector observed care practices, examined a selection of records, and carried out a general inspection of the nursing home environment as part of the inspection process.

As a result of the previous inspection conducted on 13 June 2013, three requirements and three recommendations were issued. These were reviewed during this inspection. The inspector evidenced that one requirement and two recommendations had been fully complied with. Two requirements and one recommendation were found to be substantially compliant. All requirements and the recommendation found to be substantially compliant have been restated. These will be followed up during the next care inspection. Details can be viewed in the section immediately following this summary.

The inspector evidenced that communication between staff and patients reflected that patients were treated courteously and with dignity and respect. The patients /residents spoken with, in the main, commented positively regarding their care in the home. Specific concerns raised by one patient / resident were shared with the registered nurse and business support manager. It was agreed that these would be followed up with the patient / resident through discussion regarding the plan of care.

Those patients who were unable to verbally express their views were observed to be well groomed, appropriately dressed and appeared relaxed and comfortable in their surroundings.

The inspector spoke with one relative visiting at the time of inspection. The relative felt the staff were attentive and caring, however felt that there was not enough staff and raised issues with the inspector regarding specific aspects of care relating to their relative. With the agreement of the relative, these issues were brought to the attention of management who agreed to address the concerns with the relative.

The inspector examined two nursing and two residential care records. A good standard of record keeping was evident in both. However, a requirement was made that the care delivered is reflective of the care planned and that it meets the individual patients' / residents' assessed needs and wishes.

Information relating to assessed patient / resident dependency levels and staffing levels indicated that the home met the DHSSPS's recommended minimum staffing guidance for nursing homes. As residential clients account for approximately 20% of the home's occupancy, a recommendation was made that the role of the senior care assistant is clearly defined.

As part of the inspection process, the inspector observed the general environment in the nursing home. This included viewing 16 bedrooms, two lounges, the dining room and conservatory. The home was warm and comfortable and these areas were maintained to a high standard of hygiene and there was evidence of recent refurbishment. However, issues were identified in relation to fire safety and environmental cleanliness, décor and the repair of specific bathroom, toilet and sluice areas.

## **Conclusion**

The inspector can confirm that at the time of this inspection, the delivery of care to patients was evidenced to be of a good standard.

The home's general environment was, in the main, well maintained and patients were observed to be treated with dignity and respect. However, areas for improvement were identified in relation to infection control, fire safety, care planning and staffing arrangements in addition to restated requirements and a restated recommendation pertaining to the previous inspection.

Therefore, four requirements and one recommendation have been made as a result of this inspection together with two restated requirements and one restated recommendation. These are detailed throughout the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients/ residents, relative, business support manager, and staff for their assistance and co-operation throughout the inspection process.



#### 4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	16 (1)	Patient records must evidence that a written nursing plan is prepared by a nurse in consultation with the patient/resident or their representative as to how the patient's needs in respect of his/her health and welfare are to be met.	<p>The inspector reviewed specific aspects of care records in relation to two nursing and two residential patients / residents. The registered nurse confirmed that nursing records were written by a registered nurse and residents' assessments and care plans were written by a senior care assistant. A good standard of record keeping was evident in both.</p> <p>The majority of patients / residents, whom the inspector had the opportunity to speak with, confirmed that they felt involved in agreeing their care. However, examples of how patient / resident / representative involvement in the care planning process could be improved were highlighted when the care records were cross referenced with regard to specific issues raised by a patient/ resident /relative during the inspection, (refer to section 5.5 of this report).</p> <p>The inspector acknowledged the work to date in progressing the care planning process, with evidence of some care planning with patients / residents. Discussion took place with the two</p>	<b>Substantially compliant</b>

			<p>registered nurses on duty and also Mr C Walsh, business support manager how the care planning with patient/residents could be further developed to incorporate all aspects of care.</p> <p>This requirement will be stated for the third time and compliance followed up during the next care inspection.</p>	
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2.	20 (1) and (2)	<p>It is required that the registered person shall ensure that persons employed by the nursing home</p> <ul style="list-style-type: none"> <li>• are competent and capable to meet the needs of the patients accommodated,</li> <li>• receive an annual appraisal</li> <li>• receive regular supervision.</li> </ul>	<p>The following sources of evidence were utilised to assess compliance with this requirement:</p> <ul style="list-style-type: none"> <li>• discussion with three staff members regarding the frequency of appraisal and supervision</li> <li>• the home's central record in relation to the scheduling of supervision / appraisal and competency and capability assessments</li> <li>• review of four staff records with Mr C Walsh, business support manager</li> </ul> <p>It was confirmed that the following remain outstanding:</p> <ul style="list-style-type: none"> <li>• all competency and capability assessments</li> <li>• 25% of staff annual appraisals</li> <li>• 31% of staff require a second supervision session (it is acknowledged that all staff have received 1 supervision session within the past year).</li> </ul> <p>Mr C Walsh, business support manager confirmed that all staff who undertake the role of supervisor, including a senior care assistant have undertaken the required training.</p> <p><b>This requirement will be stated for the</b></p>	<b>Substantially compliant</b>
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			<b>second time and compliance followed up during the next care inspection.</b>	
<b>3.</b>	16	It is required that care plans are in place to manage assessed nursing needs; that the plan is kept under review and the delivery of care is evaluated on at least a daily basis.	<p>The inspector reviewed specific aspects of care records in relation to two nursing and two residential patients / residents. The registered nurse confirmed that nursing records were written by a registered nurse and residents' assessments and care plans were written by a senior care assistant. A good standard of record keeping was evident in both. All records examined evidenced that the delivery of care was evaluated on at least a daily basis.</p> <p>As stated, this requirement has been complied with. However, additional issues regarding care planning and record keeping were identified by the inspector; refer to section 5.5 for details.</p>	<b>Compliant</b>

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.		Competency and capability assessment pertaining to care assistants and ancillary staff should form part of annual appraisal and/or regular supervision.	<p>Two records pertaining to care assistants and a record relating to an ancillary member of staff were examined in this regard. Whilst it is acknowledged that the records indicated that appraisal and/or supervision had taken place within the past year, there was no evidence that a competency and capability assessment had formed part of this process.</p> <p><b>This recommendation is stated for the second time and compliance followed up during the next care inspection.</b></p>	<b>Substantially compliant</b>
2.	32	It is recommended that a refurbishment plan is devised which identifies the remaining refurbishment requirements and timescales for completion. This plan should be forwarded to RQIA by the end of July 2013 as agreed.	Mr C Walsh, business support manager confirmed that a refurbishment plan was in place and was on-going. There was evidence of refurbishment throughout the home including new floor covering and chairs in the lounges and conservatory.	<b>Compliant</b>
3.	3.4	Any documents from the referring Trust are dated and signed when received.	The inspector evidenced that documents from the referring Trust were dated and signed when received.	<b>Compliant</b>

#### **4.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Since the previous care inspection on 13 June 2013, there have been no incidents relating to safeguarding of vulnerable adult (SOVA) reported to RQIA, in respect of Dunanney Nursing Home.

## **5.0 Additional Areas Examined**

### **5.1 Care practices**

The inspector spent time observing care practices including the serving of the lunch-time meal. The lunch was well presented, with staff in attendance to provide appropriate support and assistance.

Communication between staff and patients / residents evidenced that patients / residents were treated courteously and with dignity and respect.

### **5.2 Patients' and relatives' views**

The inspector spoke with 10 patients / residents individually. In the main patients were satisfied with their involvement in planning their care. They also commented positively in regard to staff attitude and the quality and variety of the food provided in the home.

However, one patient / resident commented on specific care issues regarding dietary preference and personal hygiene needs. These issues were discussed with the registered nurse and also the business support manager who agreed to discuss further with the patient / resident and address through the care planning process.

Those patients who were unable to verbally express their views were observed to be well groomed, appropriately dressed and appeared relaxed and comfortable in their surroundings.

The inspector spoke with one relative visiting at the time of inspection. The relative felt the staff were attentive and caring. However the relative felt that there was not enough staff and advised regarding specific care issues relating to their relative. The relative also raised concern regarding the curtains in the conservatory and advised that as the curtains do not extend the full width of the conservatory window and there are no blinds in place, this is problematic during sunny periods. These issues were brought to the attention of Mr C Walsh, business support manager who agreed to address the concerns raised with the relative.

### **5.3 Staffing**

Discussion took place with Mr C Walsh, business support manager regarding the staffing levels on the day of inspection. Mr Walsh informed the inspector regarding the number of registered nurses and care assistants on duty throughout the 24 hour period, to care for the patients and residents accommodated in the home.

The inspector requested the business support manager to submit one week's duty rota with the corresponding patients' / residents' assessed dependency levels to RQIA for analysis. The information submitted to RQIA indicated that according to the assessed patient / resident dependency levels and the corresponding duty rota, the staffing arrangements met the DHSSPS's recommended minimum staffing guidance for nursing homes.

From the duty rota received, it was evident that one registered nurse was on duty during the period between 20.00 - 08.00 hours supported by three care assistants or one senior care assistant and two care assistants. The inspector was informed that the registered nurse administered the medication at night to both patients and residential clients.

The inspector discussed staffing levels and the deployment of senior care assistants with Mr Walsh during and following the inspection when duty rotas had been analysed by the inspector. As residential clients account for approximately 20% of the home's occupancy, the role of the senior care assistant should be clearly defined in respect of the care of residential clients, including when a registered nurse is also on duty, for example with regard to the arrangements for medicine administration and the line management arrangements. A recommendation is made that a review of the role of senior care assistant is undertaken to ensure that the role is clearly defined for all grades of staff regarding the care of residential clients within a nursing home.

#### **5.4 General Environment**

As part of the inspection process, the inspector observed the general environment in the nursing home. This included viewing 16 bedrooms, two lounges, the dining room and conservatory. The home was warm and comfortable and these areas were maintained to a high standard of hygiene and there was evidence of recent refurbishment.

Bathroom / shower, toilet and sluice facilities were also viewed. A mal-odour was evident in a ground floor shower room and in a toilet area. The toilet area did not have an extractor fan in operation. A requirement has been made in this regard.

A first floor bathroom and sluice area were found not to be cleaned to an acceptable standard. These areas require refurbishment as the floor covering in the sluice was worn and the walls of both the bathroom and the sluice required cleaning and re-painting. The wood on the bathroom door was damaged and in need of repair / replacement. A requirement has been made to address these infection control issues.

Hairdressing items should not be stored in the bathroom as they present an infection control risk if contaminated. In addition a commode receptacle in a bedroom was found to be very stained, this together with any other similar obsolete commode receptacles should be replaced when no longer fit for purpose. A requirement has been made to address these infection control issues.

Both fire exits leading from the first floor were obstructed with equipment such as hoists and a wheelchair. This equipment was removed on the day of inspection. In the interest of fire safety, fire exits must be kept clear at all times. A requirement has been made in this regard.



## 5.5 Care records

The inspector examined two nursing and two residential care records and the following issues were identified for improvement as follows:

- one care plan stated that the patient would be offered the toilet 2 hourly; however the toileting chart was inconsistent in reflecting the frequency of this intervention. For example during one 12 hour period only 2 entries were documented
- one patient / resident stated to the inspector that on occasions they did not receive a shower as frequently as they would like. Discussion took place with the registered nurse regarding this issue and the relevant records were reviewed. A care plan was in place in this regard and there were records to evidence when the patient/ resident had a shower. However, evaluation records regarding this care intervention did not reflect the reason for the intervention not being undertaken as agreed in the care plan
- one identified patient's/ resident's care plan in relation to dietary intake required to be updated in light of comments regarding food preferences made by the patient / resident to the inspector.
- social and where applicable spiritual care should be reflected in individual patient/residents' care plans in agreement with the patients / residents.

A requirement has been made with regard to the care planning issues identified.

## Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr C Walsh, business support manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Loretto Fegan  
The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT**



The Regulation and  
Quality Improvement  
Authority

## **Quality Improvement Plan**

### **Unannounced Secondary Inspection**

**Dunanney Care Centre**

**23 May 2014**

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr C Walsh, Business Support Manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

**Statutory Requirements**

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	16 (1)	<p>Patient records must evidence that a written nursing plan is prepared by a nurse in consultation with the patient/resident or their representative as to how the patient's needs in respect of his/her health and welfare are to be met.</p> <p><b>Ref: Section 4, Follow up on previous issue</b></p>	Three	Communication has been made with Residents / Relatives inviting them to meet with the named Nurse to review their plan of care. Named Nurses to consult with Resident / Relative a minimum of 3 monthly or more often if change in Residents careplan.	From date of inspection
2.	20 (1) and (2)	<p>It is required that the registered person shall ensure that persons employed by the nursing home</p> <ul style="list-style-type: none"> <li>are competent and capable to meet the needs of the patients accommodated,</li> <li>receive an annual appraisal</li> <li>receive regular supervision.</li> </ul> <p><b>Ref: Section 4, Follow up on previous issue</b></p>	Two	Supervisions have commenced with R.N.'s and Care Assistants and will be carried out on a regular basis. Supervision has been held with the cook. Appraisal for all staff to commence August 2014.	From date of inspection
3.	18 (2) (j)	<p>The registered person must having regard to the size of the nursing home and needs of patients, keep the nursing home free from offensive odours by:</p> <ul style="list-style-type: none"> <li>addressing the mal-odour from the identified toilet and shower-room</li> </ul>	One	Identified bathroom has been deep cleaned and is awaiting refurbishment.	From date of inspection

		areas			
		<b>Ref: Section 5, Additional Areas Examined (5.4)</b>			
4.	13 (7)	<p>The registered person must make suitable arrangements to minimise the risk of infections and toxic conditions and the spread of infection between patients and staff by:</p> <ul style="list-style-type: none"> <li>ensuring cleaning of bathroom and sluice areas meet infection control standards</li> <li>ensuring bathroom and sluice areas are refurbished / re-decorated to an acceptable standard</li> <li>ensuring hairdressing equipment is not stored in bathroom areas</li> <li>ensuring commode receptacles are replaced when not fit for purpose</li> </ul> <p><b>Ref: Section 5, Additional Areas Examined (5.4)</b></p>	One	Cleaning schedules implemented to include weekly deep clean of bathrooms and sluices. Sluice rooms have been repainted. Bathrooms are currently under review to consider possibility of creating a hair dressing room from one of the existing bathrooms. Redecoration / Refurbishment plan will be implemented when the final decision has been made regarding change of use. Hair dressing equipment has been removed from bathroom. A number of new commodes have been purchased.	From date of inspection
5.	27 (4) (d ) (iii)	<p>The registered person must make adequate arrangements for the evacuation, in the event of fire, of all persons in the home and safe placement of patients/ residents by</p> <ul style="list-style-type: none"> <li>ensuring fire escapes are kept clear at all times</li> </ul> <p><b>Ref: Section 5, Additional Areas Examined (5.4)</b></p>	One	Any storage at fire escapes has been cleared.	From date of inspection

6.	12 (1) (a)	<p>It is required that the registered person ensures that the care delivered is reflective of the care planned and that it meets the individual patients assessed needs and wishes.</p> <p><b>Ref: Section 5, Additional Areas Examined (5.5)</b></p>	One	Named Nurse list has been updated and all care plans to be reviewed upon receipt of new documentation.	From date of inspection
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**Recommendations**

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	29	Competency and capability assessment pertaining to care assistants and ancillary staff should form part of annual appraisal and/or regular supervision.  Ref: Section 4, Follow up on previous issue	Two	Annual appraisals to commence August 2014.	From date of inspection
2.	25.11	It is recommended that a review of the role of senior care assistant is undertaken to ensure that the role is clearly defined for all grades of staff regarding the care of residential clients within a nursing home.  Ref: Section 5, Additional Areas Examined (5.3)	One	Location of Residential clients is currently under review. When this review is completed, staff allocation and role will be confirmed.	When returning quality improvement plan

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and return to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk)

Name of Registered Manager Completing Qip	Maggie Jess
Name of Responsible Person/ Identified Responsible Person Approving Qip	Cin Hal

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	L. Fegan	13/11/14
Further Information requested from provider			