Unannounced Care Inspection Report
16 November 2016

The Glebe Care Centre

Type of Service: Nursing Home
Address: 12 Glebe Care Centre, Carmoney, Newtownabbey, BT36 6UW
Tel no: 028 9084 8212
Inspector: Heather Sleator

1.0 Summary

An unannounced inspection of The Glebe Care Centre took place on 16 November 2016 from 09.40 to 17.00 hours.

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

Is care safe?

Weaknesses were identified in the delivery of safe care, specifically in relation to the recruitment and selection procedures, the monitoring of the registration of staff with their professional bodies, compliance with mandatory training and environmental aspects including the arrangements for the laundering of clothes and the laundry facility; and the location of the nurses station and the impact of the location on patient confidentiality and the safe storage of records. Two requirements and three recommendations have been stated to secure compliance and drive improvement.

Is care effective?

All staff demonstrated a high level of commitment to ensuring patients received the right care at the right time. Each staff member understood their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the nurse in charge or the registered manager.

Weaknesses were identified in the assessment and care planning process; and the quality auditing of care records. Two recommendations have been made. Recommendations have also been made regarding communication systems in the home, specifically the frequency of care staff meetings and the shift handover report and the safe and secure storage of patient information.

Is care compassionate?

Staff interactions were observed to be compassionate, caring and timely and all patients and relatives consulted with provided positive comments in relation to the care. Patients, relatives and staff were very positive in their comments regarding the quality of nursing and other services provided by the home. There was an active and varied activities programme both internally and external to the home with many links with the local community having been established.

Is the service well led?

There was evidence of systems and processes in place to monitor the delivery of care and services within the home. One recommendation has been made with regard to the completion of the monthly quality monitoring report, however, requirements and recommendations have been stated regarding safe and effective care, as detailed within sections 4.3 and 4.4.

The term ‘patients’ is used to describe those living in The Glebe Care Centre 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	2	7

Details of the Quality Improvement Plan (QIP) within this report were discussed with Geraldine Boyce, 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 inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 7 April 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: Larchwood Care Homes Christopher Walsh	**Registered manager:** Geraldine Boyce
Person in charge of the home at the time of inspection: Geraldine Boyce	**Date manager registered:** 28 June 2012
Categories of care: RC-I, RC-MP(E), RC-PH(E), NH-I, NH-PH	**Number of registered places:** 38

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit.

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with 15 patients individually, three care staff, the activities coordinator, two registered nurses, ancillary staff and two patient's representatives.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- two patient care records
- staff training records
- accident and incident records
- notifiable incidents
- quality audits
- records relating to adult safeguarding
- complaints records
- recruitment and selection records
- NMC and NISCC registration records
- staff induction records
- supervision and appraisal planner
- staff, patients' and relatives' meetings
- staff, patients' and patients' representative questionnaires
- monthly quality 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 7 April 2016

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

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

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

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref:** Standard 37.4 **Stated:** Second time	The current body map charts in use should be reviewed to ensure that it is clear which wounds are current and which are healed.	**Met**
	Action taken as confirmed during the inspection: The review of two patients' care records evidenced that staff date any new entry on body map charts and clarification was present regarding previous and new wounds/bruising.	
Recommendation 2 **Ref:** Standard 23 **Stated:** First time	Patients assessed as "at risk" of pressure ulcers should have a repositioning chart completed in accordance with best practice guidelines.	**Met**
	Action taken as confirmed during the inspection: The review of patient care records and repositioning charts evidenced that where a patient had been assessed as being 'at risk' of developing a pressure ulcer the corresponding repositioning charts had been completed in accordance with the care plan.	

4.3 Is care safe?

There were generally safe systems in place for the recruitment and selection of staff. A review of three personnel files evidenced that these were reviewed by the organisation's human resources officer and checked for possible issues. The review of recruitment records did not evidence that enhanced criminal records checks were completed with Access NI and the reference number and date received had not been recorded. The registered manager contacted the Human Resources Manager of the organisation who confirmed the required information via email. A requirement has been made that the information is retained in staff personnel records in the home.

Discussion with the registered manager and review of records did not evidence 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 system in use did not evidence that the registration status of staff was consistently monitored on a regular basis. A recommendation has been made.

Discussion with staff and a review of the staff training records did not confirm that training had been completed in all mandatory areas and that this was kept up to date. Training records evidenced that 68 percent of staff employed had completed adult safeguarding training, 65 percent had completed moving and handling and 31 percent had completed training in infection prevention and control procedures. Fire safety training and/or instruction is required to be completed by staff twice per year. It was concerning that only 29 percent of staff attended the first fire safety training and 87 percent attended the second training event. A more robust system for monitoring and ensuring staff attendance at training must be established. A requirement has been made.

Discussion with the registered manager and staff confirmed that there were systems in place to monitor staff performance or to ensure that staff received support and guidance. Staff were coached and mentored through one to one supervision, competency and capability assessments and annual appraisals.

The staff consulted with were knowledgeable about their specific roles and responsibilities in relation to adult safeguarding; however staff were unsure as to when they had last attended training. The complaints and safeguarding records provided evidence of incidents. A review of the records identified that concerns had been logged appropriately. A review of documentation confirmed that any potential safeguarding concern was managed appropriately and in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

The registered manager confirmed the planned daily staffing levels for the home and stated that these levels were subject to regular review to ensure the assessed needs of the patients were met. The review of the duty rota from 7 November to 16 November 2016 confirmed the planned staffing levels were adhered to. There were no issues raised by patients or patient representatives regarding the staffing arrangements of the home. Staff stated that the staffing arrangements were satisfactory but 'not all staff worked as hard as others'.

A range of risk assessments were completed as part of the admission process. The assessments included where patients may require the use of a hoist or assistance with their mobility and their risk of falling; the use of bedrails, if appropriate; regular repositioning due to a risk of developing pressure damage and wound assessment, if appropriate, and assistance with eating and drinking due to the risk of malnutrition or swallowing difficulties. The risk assessments generally informed the care planning process. Refer to section 4.4 for further detail regarding care records.

A review of the accident and incident records confirmed that the falls risk assessments and care plans were completed following each incident. Care management and patients' representatives were notified appropriately.

A review of the home's environment was undertaken and included a random sample of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. The areas reviewed were found to be clean, tidy, well decorated and warm throughout. The home was very spacious with various areas for patients to choose to sit. Issues of concern arose regarding the environment in respect of the laundry and the nurses' station on the first floor.

The laundry is situated outside at the service entrance of the home. The laundry is very small, to the degree that staff cannot bring clothing or bed linens into the laundry; rather it is bagged and left in a container outside the laundry door. There is limited space for equipment, storing and hanging of clothes and the unobstructed movement of staff. The laundry facilities were identified as a concern by the estates inspector at the last estates inspection of 29 September 2015. At this time the owner of the building, who is different to the organisation which manages the home, stated "the laundry arrangements will be kept under review to ensure an adequate service." It is unclear as to the level of review that was undertaken and therefore this matter is referred back to the estates inspector.

The nurses' station on the first floor is situated on the landing. This location did not afford staff privacy to discuss patient care, either on a face to face basis or by telephone. There were also concerns regarding the ability of staff to update and store the confidential patient care records. Patient care records were observed on the desk used by staff throughout the inspection, even at times when nursing staff were not present. This was a risk as a potential breach of data protection. A recommendation has been made regarding the appropriateness of the location of the nurses' station in respect of the safe storage of patient records and information.

Areas for improvement

A robust system for monitoring staff compliance with mandatory training requirements must be established.

Information to verify that the enhanced criminal records checks were completed with Access NI and the reference number and date received must be in evidence in staff personnel records retained in the home.

The system in operation to monitor the registration status of nursing and care staff in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC) should be consistent and evidence that the registration status of staff is monitored on a regular basis.

The appropriateness of the location of the nurses' station in respect of the safe storage of patient records and information should be reviewed to ensure confidentiality in line with data protection legislation.

Number of requirements	2	**Number of recommendations**	2

4.4 Is care effective?

Review of two patient care records did not evidence that an overall assessment of need which had been completed on admission. This was discussed with the registered manager who stated that staff used the information which was stated on the pre-admission assessment and then completed a range of risk assessments and developed care plans accordingly. The review of one patient's care records did not evidence this to be a robust process as the development of care plans was staggered between the first and tenth day of admission. The DHSSPS Care Standards for Nursing Homes, 2015, state care plans should be developed, following a comprehensive and holistic assessment within five days of admission.

The review of care records also evidenced that risk assessments were not all reviewed in a consistent manner. This was discussed with the registered manager. A recommendation has also been made that registered nurses, assess, plan, evaluate and review care in accordance with NMC guidelines regarding records and record keeping.

Recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians were actioned appropriately.

The registered manager completes an audit of care records. The issues identified at inspection should have been identified during the audits of care records. A more robust audit is recommended.

Supplementary care charts such as repositioning, elimination and food and fluid intake records were reviewed. Staff record continence management on the fluid intake chart. The fluid intake chart had not been designed to include this information and therefore the information recorded by staff was difficult to assess. The templates for recording these two areas of patient care should be reviewed and revised so ensure the accuracy of information. Supplementary care records for example; repositioning charts and food and fluid intake charts were observed in the lounge and were accessible to patients and/or visitors. A more suitable arrangement for the storage of these records should be established. Information pertaining to patients should not be displayed in view of other patients or visitors. Whilst the information had been 'taken down' due to painting and decorating it should not be placed in public view again. A recommendation is stated regarding patient confidentiality and the storage of records and patient information.

There was evidence of communication with representatives within the care records and there was evidence of the involvement/consultation with patients and/or their representatives regarding the planning of care. One relative commented during the inspection "I am always kept informed by staff of how my relative is." The registered manager also stated that there was regular communication with representatives and patients at the annual care review chaired by a representative of the local health and social care trust. Patients and/or their representative attend the annual care review. Patients care needs and corresponding care plans were discussed at this time.

Some care staff stated they did not attend a handover meeting at the beginning of each shift. The reason given was that the handover report can be lengthy and care staff needed to start assisting the patients. This was discussed with the registered manager who was not aware that care staff were not attending the handover report and agreed to address the issue with staff. Staff also confirmed that staff meetings were held, that they could contribute to the agenda and the meeting and minutes were available. The review of the minutes of staff meetings evidenced that the frequency of planned staff meetings for trained staff and the team leaders from the residential unit were regular and frequent. Care staff meetings were not as regular. This was discussed with the registered manager who agreed to increase the frequency of care staff meetings. A recommendation has been made in respect of the communication system/channels operational in the home so as to ensure active, open and effective communication is established.

Staff stated they knew they worked together effectively as a team. Comments such as, 'It's very good here and everyone is helpful' and, 'Staffing levels are generally good although more staff would be helpful,' were received. 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/ management. A patient stated, 'If I had any concerns I would go to Henry (activities coordinator).'

There was information available to staff, patients and representatives in relation to the home's complaints procedure and other various information leaflets. The activities programme was displayed throughout the home accompanied by many photographs of patients attending and enjoying entertainment and activities.

Observation of the mid-day meal arrangements was reviewed. Dining tables were attractively set, a range of condiments were available and patients, including patients who required a therapeutic diet, were afforded a choice of meals at mealtimes. Meals were not delivered on trays to patients who choose not come to the dining room. The registered manager stated she would ensure this was addressed as staff should know to use a tray if patients were unable to come to the dining room.

Areas for improvement

Registered nurses should assess, plan, evaluate and review care in accordance with NMC guidelines regarding records and record keeping.

A robust system of quality auditing of care records should be established. The current audit proforma should be revised and enhanced, so as a more comprehensive audit is in use.

Any record which details patient information should be stored safely.

The frequency of care staff meetings should increase and sufficient time should be scheduled at all changes of shifts for handover reports to given on patient care and other areas of accountability

Number of requirements	0	**Number of recommendations**	4

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. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

We were impressed by the level of engagement in meaningful activities by staff throughout the home. The activities coordinator was very enthusiastic and was keen to provide a varied range of activities both internally and outside of the home. Links with the local community have been established with patients attending a local church hall on a weekly basis to play Bocchia and then have lunch.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. Views and comments recorded were analysed and an action plan was developed and shared with staff, patients and representatives. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Consultation with patients individually, and with others in smaller groups, confirmed that living in Glebe Care Centre was a positive experience.

Patient comments to the inspector included:
'Always well looked after.'
'It's very good here and I'm happy.'
'If I had any problems I would go to the manger or deputy.'
'I don't know what I was worried about, it's very good here.'

Comments received from relatives included:
'Very happy with the care given to my relative.'
'Staff are excellent.'

Questionnaires

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. Questionnaires were completed and returned from patients (3), relatives (2) and staff (3).

Patients and relatives stated they were very satisfied with the standard of care provided and agreed that the delivery of care was safe, effective and compassionate. Patients and relatives were also very satisfied that the service was well led.

Staff were also satisfied or very satisfied with that care afforded in the home was safe, effective and compassionate and that the service was well led.

Comments included:
'We have a great manager.'
'The manager is approachable at all times if you have a concern.'
'The manager sorts things out right away if there's any issue.'

Staff also commented within the questionnaire:
'Sometimes I feel we don't have enough staff to deal with the dependency of some patients.'
'At times things do not get handed over at report or things get lost in conversation.'

The registered manager is advised to review and action, as far as possible, the comments regarding staffing levels and communication systems in the home.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	**Number of recommendations**	0

4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients knew the staff in the home and whom they should speak to if they had a concern.

The registration certificate was up to date and displayed appropriately. A valid certificate of public liability insurance was current and displayed. Discussion with the registered manager and observations 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 managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Representatives spoken with, and those who responded by questionnaire, confirmed that they were aware of the home's complaints procedure. Staff and representatives confirmed that they were confident that staff and management would manage any concern raised by them appropriately

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies. A review of notifications of incidents to RQIA since the last care inspection in February 2016 confirmed that these were managed appropriately.

Discussion with the registered manager and staff, and a review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. Audits were completed in accordance with best practice guidance in relation to falls, infection prevention and control, environment, complaints and incidents/accidents. The results of these 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, as stated in section 4.4, a recommendation has been stated regarding the establishment of a more robust audit of patient care records.

Discussion with the registered manager and review of records for August, September and October 2016 evidenced that unannounced monthly quality monitoring visits required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 were completed. 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, however, the reports should state the duration of the visit and include the time of commencing and finishing the monitoring visit. The reports which were viewed identified the staff and patients who were spoken with during the visit. As these reports may be read by patients, representatives and other professionals, the identity of those who contributed should not be evident.
A recommendation has been made with regard to these areas.

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.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised, as discussed in the previous sections.

Areas for improvement

A system should be established whereby patients, staff or representatives who contributed to the monthly quality monitoring visit are not readily identifiable in the report.

Number of requirements	0	Number of recommendations	1

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Geraldine Boyce, 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 20 (1) (c) (i) **Stated:** First time **To be completed by:** 31 December 2016	The registered provider must ensure that mandatory training is completed by all staff in accordance with the responsibilities of the post and recommended refresher/training frequencies. A robust system to monitor staff compliance with training requirements must be established. **Re: section 4.3**
	Response by registered provider detailing the actions taken: Systems have now been put in place where the training in the Home will be audited on a monthly basis.Staff who are not compliant will be dealt with via the disciplinary proceedure
Requirement 2 **Ref:** Regulation 21 Schedule 2 **Stated:** First time **To be completed by:** 31 December 2016	The registered provider must ensure that all required information relating to the recruitment and selection of staff is retained in the home. The information must be available for inspection. **Ref: section 4.3**
	Response by registered provider detailing the actions taken: All the required information relating to recruitment and selection of staff is now retained in all personel files. This will be signed off by the manager when completed
Recommendations	
Recommendation 1 **Ref:** Standard 39.8 **Stated:** First time **To be completed by:** 31December 2016	The registered provider should ensure a robust system is established to regularly monitor the registration status of staff with their professional bodies, the Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC) and evidence is present of any/all monitoring checks undertaken. **Re: section 4.3**
	Response by registered provider detailing the actions taken: This will now be checked monthly by the manager as part of the routine auditing system in the Home

Recommendation 2 **Ref:** Standard 37.1 and E55 **Stated:** First time **To be completed by:** 31 January 2017	The registered provider should review the suitability of the location and function of the nurses' station on the first floor. The review should include the provider and staffs responsibility regarding data protection, confidentiality and the safe storage of records. **Re: section 4.3**
	Response by registered provider detailing the actions taken: This will be reviewed by Larchwood as a matter of urgency. In the meantime trained staff will ensure all information relating to residents will be kept in a locked cupboard on the first floor.
Recommendation 3 **Ref:** Standard 37.1 **Stated:** First time **To be completed by:** 31 December 2016	The registered provider should ensure that any record retained in the home which details patient information is stored safely and in accordance with DHSSPS policy, procedures and guidance and best practice standards. **Ref: section 4.4**
	Response by registered provider detailing the actions taken: All storage methods of records in the Home have been reviewed and where necessary locked cupboards have been provided.
Recommendation 4 **Ref:** Standard 4.1 **Stated:** First time **To be completed by:** 31 December 2016	The registered provider should ensure that registered nurses assess, plan, evaluate and review care in accordance with NMC guidelines regarding records and record keeping. **Ref: section 4.4**
	Response by registered provider detailing the actions taken: Supervisions have been carried out with trained staff relating to care planning for new residents.Systems have now been put in place to audit care plans a week after a residents admission to ensure all relevant care plans are completed
Recommendation 5 **Ref:** Standard 35.3 **Stated:** First time **To be completed by:** 31 December 2016	The registered provider should ensure that there are robust systems in place to discharge, monitor and report on the delivery of nursing care, in particular, the auditing processes in relation to care records. **Ref: section 4.4**
	Response by registered provider detailing the actions taken: A matrix has now been developed to ensure all care plans in the Home are audited regularly.

Recommendation 6 **Ref:** Standard 41 **Stated:** First time **To be completed by:** 31 January 2017	The registered provider should that there are effective communication systems operational in the home so as to ensure staff are in receipt of the required information to meet patient need and meet the responsibilities of their job role. This includes the shift handover report and the frequency of staff meetings. **Ref: section 4.4**
	Response by registered provider detailing the actions taken: A detailed handover is given by staff at the end of each shift. All staff are required to attend this. Trained staff will monitor this in future and ensure all care assistants are in receipt of all the information needed to care for the residents. Staff meetings for care assistants will be held now on a 1-2 monthly basis or more often if required
Recommendation 7 **Ref:** Standard 35.3 **Stated:** First time **To be completed by:** 31 December 2016	The registered provider should ensure the monthly quality monitoring report includes the time of commencing and finishing the monitoring visit and that the identity of persons contributing to the visit id not readily identifiable. **Ref: section 4.6**
	Response by registered provider detailing the actions taken: The quality monitoring report will now include the time of commencing and finishing and the id of those contributing will be readily identifiable

Please ensure this document is completed in full and returned to 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
Web www.rqia.org.uk
@RQIANews