



Unannounced Care Inspection Report 31 July 2018



The Glebe Care Centre

Type of Service: Nursing Home

Address: 12 Glebe Road, Carnmoney, Newtownabbey, BT36 6UW

Tel no: 028 9084 8212

Inspector: James Laverty

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 38 persons.

3.0 Service details

Organisation/Registered Provider: Larchwood Care Homes (NI) Ltd Responsible Individual: Christopher Walsh	Registered Manager: Geraldine Boyce
Person in charge at the time of inspection: Upon arrival, Angelica Giurcanos – Staff Nurse. 11.25 onwards, Christopher Walsh – operations manager.	Date manager registered: 28 June 2012
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory	Number of registered places: 38 The home is approved to provide care on a day basis to 1 person. There shall be a maximum of 11 named residents receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 31 July 2018 from 09.00 to 18.10 hours.

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 Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

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

Evidence of good practice was found in relation to monitoring the professional registration of staff, fire safety practices, the provision of occupational and rehabilitative therapy to patients and collaboration with the multiprofessional team.

Two areas for improvement under regulation were identified in relation to compliance with Control of Substances Hazardous to Health (COSHH) legislation and the secure storage of medicines.

Four areas for improvement under the standards were identified in relation to the internal environment, care records and staff recruitment/induction records.

Patients said that they were well cared for and expressed confidence in the ability and willingness of staff to meet their care needs. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	4

Details of the Quality Improvement Plan (QIP) were discussed with Christopher Walsh, operations manager and Ms Nuala Green, managing director, 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.

4.2 Action/enforcement taken following the most recent inspection dated 18 December 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 18 December 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- the previous medicines management inspection
- pre-inspection audit

During the inspection the inspector met with six patients and six staff. No patients' relatives were available during the inspection. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

A poster informing visitors to the home that an inspection was being conducted was displayed. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients, relatives and families, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined and/or discussed during/following the inspection:

- duty rota for nursing/care staff from 16 to 29 July 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2018/19
- incident and accident records
- one staff recruitment and induction file
- induction and orientation records for registered nurses and care staff
- minutes of staff and patient/relatives meetings
- four patients' care records
- the matrix for staff supervision and appraisal
- a selection of governance audits
- complaints records
- adult safeguarding records
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

The findings of the inspection were provided to Christopher Walsh, operations manager and Ms Nuala Green, managing director, at the conclusion of the inspection.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or not met.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 18 December 2017

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 6 November 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (a)(b) Stated: First time	The registered persons must ensure that patients' wound care is delivered in full compliance with the professional recommendations of multi-professional staff at all times.	Met
	Action taken as confirmed during the inspection: Review of care records for one patient requiring wound care evidenced that wound care had been delivered in compliance with the professional recommendations of multi-professional staff.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 12 Stated: Second time	The registered persons shall ensure that menus are effectively displayed for all patients throughout the home across all meal times.	Met
	Action taken as confirmed during the inspection: Observation of dining areas on both the ground floor and first floor during the provision of the lunchtime meal confirmed that menus were effectively displayed for all patients. It was noted that the blackboard menu displayed on the first floor had not been updated during the provision of breakfast to patients. This was discussed with the operations manager who stated that the home had no available chalk to use. While this was rectified before completion of the inspection, the need to ensure that such menu boards remain updated at all times was stressed.	

<p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: Second time</p>	<p>The registered persons should ensure that a robust and comprehensive audit is accurately maintained, specifically in relation to catheter care for patients.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of governance audits which focused on the provision of catheter care to patients were found to be in place and had been completed robustly.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standards 3 & 18</p> <p>Stated: First time</p>	<p>The registered persons shall ensure the following:</p> <ul style="list-style-type: none"> • that the patient's written consent is obtained as appropriate and/or evidence of a best interests decision is documented when restrictive practices are implemented • that all consent records are fully completed by nursing staff <hr/> <p>Action taken as confirmed during the inspection: Review of the care record for one patient who required the use of a pressure mat evidenced that appropriate consent had been obtained and that relevant risk assessments and care plans were in place.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered persons shall ensure that all governance and audit processes are managed effectively and robustly, specifically:</p> <ul style="list-style-type: none"> • auditing of restraint will include all patients receiving such interventions • all monthly auditing processes undertaken by the registered manager will show evidence that such records have been appropriately and regularly reviewed <hr/> <p>Action taken as confirmed during the inspection: Review of governance audits which focused on restrictive practices were found to be in place and had been completed robustly.</p>	<p>Met</p>

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The operations manager confirmed the planned daily staffing levels for the home and that these levels were subject to a monthly review to ensure that the assessed needs of patients were met. Discussion with the operations manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary. Following the inspection, the registered manager advised that from 16 to 29 July 2018 there were no occasions when planned staffing levels were not fully adhered to due to staff sickness. While discussion with patients provided assurances that they had no concerns regarding staffing levels, three staff who were spoken with did express such concerns. These comments included the following remarks: "There's not enough staff ...patients are very dependent." However, all staff who were spoken with stated that the care needs of patients had been met.

While review of the staff rota for weeks commencing 23 and 30 July 2018 did not highlight any instances whenever the number of staff rostered was inconsistent, there were some instances whenever the staffing skill mix was not in keeping with the Care Standards for Nursing Homes, April 2015. This was discussed with both the operations manager and Ms Green and while it was recognised that care delivery during the inspection was not negatively impacted by the quantity and ratio of staff on duty, the need to ensure at all times that staff are employed in such quantities/skill mix so as to ensure that patients' assessed care needs are effectively met, was stressed.

Discussion with the operations manager and further feedback from the registered manager following the inspection, confirmed that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through a process of both bi-annual supervision and annual appraisal. Staff spoke positively about the sense of support they received from the registered manager.

Discussion with the operations manager confirmed that training was planned to ensure that mandatory training requirements were met. Additional face to face training was also provided, as required, to ensure staff were enabled to meet the assessed needs of patients. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Following the inspection, the registered manager advised that mandatory staff training was ongoing and included areas such as: food hygiene, nutrition, dementia awareness and adult safeguarding. One care staff member stated that they felt it would benefit care staff to receive further training in the area of managing the mental health of patients. This feedback was shared with the operations manager for his further consideration and action, as appropriate.

Review of governance audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified.

Discussion with the operations manager evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The operations manager also confirmed that an 'adult safeguarding champion' (ASC) was identified for the home.

Review of notification records evidenced that all notifiable incidents were reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the operations manager and review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). Records confirmed that the registered manager had reviewed the registration status of staff on a monthly basis.

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, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms, were personalised with photographs, pictures and personal items. Observation of the exterior premises highlighted that a new potting shed had been installed. The operations manager stated that patient feedback concerning this new feature was positive. It was noted that a wooden bench adjacent to this area was found to be weathered and in need of remedial attention. It was also observed that vertical blinds within a ground floor lounge required some repair; Ms Green stated that they intend replacing these blinds.

Observation of the ground floor lounge (Bellevue Suite) further highlighted that a microwave used by staff for patients showed some evidence of rust. It was also noted that care staff were using a portable kettle beside the microwave within the lounge on occasion, for patients. These environmental weaknesses were discussed with the operations manager. The operations manager stated that they intend to relocate these catering facilities to a more appropriate part of the home and will submit any necessary applications to RQIA in due course. The need to ensure patient safety at all times within this lounge area was stressed and this will be reviewed during a future care inspection. Staff were observed to be present within the lounge area at all times during the inspection.

Review of the environment highlighted that two communal bathrooms were cluttered with several items. The need to ensure that communal areas are effectively managed for the safety and well-being of patients was stressed. An area for improvement under the standards was made.

In addition, one communal toilet on the ground floor was found to be out of order and locked. Ms Green stated that necessary maintenance work had been arranged and that repair of this area was imminent.

Fire exits and corridors were observed to be clear of clutter and obstruction. Observation of staff on the day of inspection also evidenced that they adhered to safe fire practices and that fire training was consistently embedded into practice.

Observation of the environment and staff practices highlighted one area where chemicals had not been stored securely in keeping with COSHH regulations. This was discussed with the operations manager and it was stressed that the internal environment of the home must be

managed to ensure that COSHH regulations are adhered to at all times. An area for improvement under regulation was made.

Review of the environment further identified one area in which medicines had not been stored securely. This was highlighted to the operations manager and the need to ensure that all medicines are stored securely at all times was emphasised. An area for improvement under regulation was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monitoring the professional registration of staff and fire safety.

Areas for improvement

Two areas for improvement under regulation were identified in relation to COSHH compliance and the safe storage of medicines.

One area under the standards was identified in relation to the internal environment.

	Regulations	Standards
Total number of areas for improvement	2	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Presently, the ground floor largely facilitates the provision of a Brain Injury Unit (BIU) alongside a number of other patients within the home. Discussion with the operations manager and nursing/care staff highlighted that the ground floor was managed throughout the day by either nursing or senior care staff. Staff confirmed that on any occasions whenever senior care staff are responsible for managing the ground floor, the registered nurse situated on the first floor remains responsible for overseeing the delivery of patient care throughout the home in the absence of the registered manager. Senior care staff and nursing staff further confirmed that registered nursing staff remain responsible for the oversight of any nursing tasks delegated to care staff within the building. The ratio/skill mix of staff is discussed further in section 6.4.

Discussion with staff and the operations manager evidenced that nursing/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' conditions and that they were encouraged to contribute to the handover meeting. While the registered nurse and senior care staff confirmed that they communicated effectively and regularly throughout the day in regards to patient care, it was noted that such communication had been delayed during the initial period of the inspection due to the registered nurse on duty attending to a patient's care needs on the first floor. Senior care staff who were on duty stated that they felt competent and confident in regards to managing the care needs of patients within the scope of their role although confirmed that the need for regular and close support from nursing staff was necessary. The need to ensure that communication between nursing and care staff occurs in a timely manner at all times was stressed to the registered nurse, senior care staff and the operations manager.

Staff who were spoken with stated that that if they had any concerns, they could raise these with their line manager and/or the registered manager. Staff spoke positively about working within the home.

Review of care records evidenced multi-disciplinary working and collaboration with professionals such as GPs, tissue viability nurses (TVN) dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found. Care records also evidenced that a range of validated risk assessments were used and informed the care planning process.

Review of the care record for one patient who required ongoing wound care evidenced that relevant care plans and risk assessments had been completed in a comprehensive manner by staff. Records also confirmed that nursing staff had delivered wound care to the patient in keeping with prescribed care and multi-professional recommendations. However, repositioning records for this patient were also reviewed and found to be unsatisfactory. While an existing care plan referenced the need to reposition the patient every two hours and relevant pressure area risk assessments were in place, supplementary repositioning care records used by staff were of poor photocopied quality and only partially completed by staff. Review of these records did confirm that repositioning care had been provided to the patient in a consistent manner apart from one instance whenever the patient had been repositioned after three hours rather than two. An area for improvement under the standards was made.

Review of care records for one patient requiring nutritional care including a modified diet evidenced that person centred and comprehensive risk assessments were in place. There was also evidence of regular collaboration with relevant SALT staff and that the patient's weight was closely monitored. This practice was commended. However, it was found that several supplementary records used by staff to record the patient's dietary intake had not been dated. The need to ensure that such records are accurately and fully completed at all times was stressed.

It was also noted that care records for one patient who had been assessed as being at a risk of falling were completed in a timely and person centred manner. These records included the completion of a falls diary which detailed any time the patient fell in addition to all post falls observations carried out by staff. While it was positive to see such information completed following any instance of a fall, it was noted that not all neurological observation charts completed by staff had been dated. The need to ensure that such records are dated to ensure accuracy for any future reference was emphasised.

Review of care delivery during the inspection highlighted that an Occupational Therapist (OT) was employed within the home who worked exclusively within the BIU. Discussion with the OT evidenced that they provided daily psychosocial support to patients which focused on patients' ongoing rehabilitation. This practice was commended.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of occupational and rehabilitative therapy to patients and collaboration with the multi-professional team.

Areas for improvement

One area for improvement under the standards was stated in relation to repositioning records.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff interactions with patients were observed to be compassionate and caring. All patients were positive in their comments regarding the staffs’ ability to deliver care and respond to their needs and/or requests for assistance. Discussion with nursing and care staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner.

Feedback received from several patients during the inspection included the following comments:

- “The girls are very good.”
- “It’s A1 here.”
- “I couldn’t ask for better staff.”

In addition to speaking with patients, patients’ relatives and staff, RQIA provided ten questionnaires for patients and ten questionnaires for patients’ relatives/representatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

At the time of writing this report, no questionnaires have been returned within the specified timescales. Questionnaire comments received after specified timescales will be shared with the registered manager, as necessary.

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.

There were systems in place to obtain the views of patients and their representatives in relation to the delivery of care and the management of the home.

Discussion with patients and staff evidenced that arrangements were in place to meet patients’ religious and spiritual needs within the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Observation of the lunch time meal evidenced that patients were given a choice in regards to the meals being served. The dining area appeared to be clean, tidy and appropriately spacious for patients and staff. Staff demonstrated a good knowledge of patients’ wishes, preferences and assessed needs as identified within the patients’ care plans and associated SALT dietary requirements. Staff were also observed engaging with patients in an enthusiastic and friendly manner. However, it was noted that a hot trolley which was used to transport patients’ meals

was brought into the dining area itself and had the potential to negatively impact patients' dining experience. The trolley also temporarily impacted the unrestricted egress of one patient from the dining area. It was further observed that a radio was left switched on in a manner that was not conducive to promoting the comfort of patients throughout lunch. These observations were discussed with the operations manager for further consideration and action, as necessary. This will be reviewed during a future care inspection.

Observation of one patient within a communal lounge highlighted that their urinary catheter bag had not been secured appropriately. While the patient appeared to be comfortable and unaware of this, the need to ensure that such equipment is managed in a safe and dignified manner at all times was highlighted.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication with patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussion with the operations manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised. 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 operations manager confirmed that there was a system in place to ensure that policies and procedures for the home were systematically reviewed on a three yearly basis.

The registration certificate was up to date and displayed appropriately. Discussion with the operations manager evidenced that the home was operating within its registered categories of care.

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately. It was also confirmed with the operations manager that any expression of dissatisfaction should be recorded appropriately as a complaint.

Discussion with the operations manager and a review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Staff recruitment information was available for inspection and records for one staff member evidenced that all relevant checks including enhanced AccessNI checks were sought, received and reviewed prior to them commencing work in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. However, while two written references were in place, one did not correspond fully with the referees cited on the application form. It was also found that neither reference was from the applicant’s previous employer and that no written record was maintained by the registered manager to explain this discrepancy. An area for improvement under the standards was made.

Induction records for nursing and senior care staff were also viewed. While some induction records were available for some care staff, the induction records for one staff member was not available for inspection. An area for improvement under the standards was made.

Discussion with the operations manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. Staff confirmed that such meetings were held and that the minutes were made available.

A 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 accordance with best practice guidance in relation to: the use of restrictive practice, urinary catheter care, complaints and infection control. All audits which had been reviewed were found to have been completed accurately and had been validated by the registered manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance processes which focus on quality assurance and care delivery.

Areas for improvement

Two areas for improvement were identified in relation to staff recruitment and induction records.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Christopher Walsh, operations manager, and Ms Nuala Green, managing director, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons must ensure that all cleaning chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health at all times.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All staff have received supervisions regarding the safe storage of cleaning materials</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all medicines are stored safely and securely within the home at all times.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All staff have been made aware again of the importance of safe storage of all medications including thickening agents and supplements</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all bathrooms within the home are safe, well maintained and remain suitable for their stated purpose.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All bathrooms are already well maintained and are all operational</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all supplementary repositioning records are completed in a legible, accurate, contemporaneous and consistent manner at all times.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Repositioning charts have all been audited and some changes made regarding timing of repositioning. This is being closely monitoring by Nursing staff and is also included in the monthly auditing system.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all newly appointed staff complete a structured orientation and induction programme and that such records are retained and made available for inspection.</p> <p>Ref: 6.7</p>
<p>Area for improvement 4</p> <p>Ref: Standard 38</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirement. This relates specifically to the need for obtaining two written references, one of which is from the applicant's present or most recent employer. An explanatory note should be made within the applicant's recruitment records if alternative references have had to be obtained.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: All newly appointed staff have received the appropriate induction programme. The Home Trainer will now pass them to the Home Manager as soon as they are completed so they can be retained in the appropriate personnel file.</p> <p>Response by registered person detailing the actions taken: All personnel files have been reviewed and explanatory notes added if required.</p>

**Please ensure this document is completed in full and returned via Web Portal*



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