

Unannounced Care Inspection Report 15 August 2017



Hockley Private Nursing Home

Type of Service: Nursing Home (NH)
Address: 11 Drumilly Road, Armagh, BT61 8RG
Tel No: 028 3887 0365
Inspector: Sharon Loane

www.rgia.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 60 persons.

3.0 Service details

Organisation/Provider: Elim Trust Corporation Responsible Individual: Mr Edwin Michael	Manager: Ms Mary Sagayno
Person in charge at the time of inspection: Ms Mary Sagayno	Date manager: Ms Mary Sagayno – registration pending
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. Residential Care (RC) I – Old age not falling within any other category.	Number of places: 60 comprising: 54 Nursing: 4 Residential There shall be a maximum of 32 patients accommodated in the Mews Wing and a maximum of 28 patients accommodated within the Lodge Wing.

4.0 Inspection summary

An unannounced inspection took place on 15 August from 10.45 to 17.10 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 term 'patients' is used to describe those living in the home which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified 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.

There were examples of good practice found throughout the inspection in relation to: staff training and development; record keeping and communication between patients, staff and other key stakeholders. There was also good practice found throughout the inspection in relation to the culture and ethos of the home. There was good governance and management arrangements and good working relationships were evident between management and staff.

Areas requiring improvement under regulations were identified in relation to fire safety. Areas for improvement made under the care standards related to recruitment processes; the updating of the emergency evacuation register; the cleanliness of the environment and maintaining personal care records to reflect care delivery.

Patients said that they were satisfied with the care and services provided and described living in the home, in positive terms.

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	1	4

Details of the Quality Improvement Plan (QIP) were discussed with Jane Sagayno, 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.

4.2 Action/enforcement taken following the most recent inspection dated 1 June 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 1 June 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
- 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
- pre inspection assessment audit

During the inspection the inspector met with nine patients, five staff, and two patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for nurses and care staff for week commencing 14 August 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- minutes of staff; patients and relatives meetings held since the previous inspection
- incident and accident records
- two staff recruitment and induction files
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a selection of governance audits
- emergency evacuation register
- complaints record
- compliments received
- 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

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.

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 1 June 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 8 December 2016

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 12 (1) (a) (b) Stated: Second time	The registered provider must ensure that the treatment provided to each patient meets their individual needs and reflects current best practice.	Met
	This relates specifically to the management of wound management and pressure care to include; the “repositioning needs” of patients and care is recorded in keeping with best practice guidelines. Action taken as confirmed during the inspection: A review of care records to include a sample of repositioning charts evidenced that this area for improvement had been met.	
Area for improvement 2 Ref: Regulation 17 (1) Stated: Second time	The registered provider must implement a robust system to review the quality of nursing and other services provided by the home.	Met
	Action taken as confirmed during the inspection: A discussion with the manager and a review of information evidenced that this area for improvement was met. A suite of audits were in place and the results of audits undertaken had been analysed and appropriate actions taken to address any shortfalls identified and drive quality improvements.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Criteria 9 Stated: Second time	It is recommended in accordance with NMC guidelines, contemporaneous nursing records are kept of all nursing interventions, activities and procedures carried out in relation to each resident.	Met
	Action taken as confirmed during the inspection: A review of care records to include supplementary charts evidenced that this area for improvement was met.	
Area for improvement 2 Ref: Standard 35.7 Stated: First Time	It is recommended that the content of the report prepared in accordance with Regulation 29 of the Nursing Homes Regulations Northern Ireland (2005) should be reviewed and developed to monitor and report on the delivery of nursing and other services provided and the robustness of the homes governance arrangements.	Met
	Action taken as confirmed during the inspection: A sample review of monthly quality monitoring reports evidenced that these were completed satisfactorily. An action plan was generated to address any areas for improvement and evidence was available of actions taken to drive quality improvements.	

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 manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 14 August 2017 evidenced that the planned staffing levels were adhered to.

Observation of the delivery of care evidenced that patients' needs were met by the number and skill mix of staff on duty. Discussion with patients and their representatives evidenced that there were no concerns regarding staffing levels. The majority of staff spoken with was satisfied that the staffing arrangements were adequate to meet the needs of the patients.

Although, some staff spoken with expressed dissatisfaction with regards to the management of the routine in place for the provision of night time supper. These comments were shared with the manager for review and actions as deemed appropriate.

Discussion with the manager and a review of two personnel files evidenced that recruitment processes were generally in keeping with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

Although the manager had obtained most of the information required, one personnel file reviewed did not include the reasons for leaving previous employment and there was no evidence to demonstrate that any gaps in employment had been explored as part of the recruitment process. This has been identified as an area for improvement under the care standards.

A record of staff including their name, address, date employment commenced and terminated (where applicable) was maintained and provided an overview of all staff employed in the home.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Two completed induction programmes were reviewed. The induction programme included a written record of the areas completed and the signature of the person supporting the new employee. On completion of the induction programme, the employee and the inductor signed the record to confirm completion and to declare understanding and competence.

Review of the training matrix/schedule for 2017/18 indicated that training was planned to ensure that mandatory training requirements were met.

Discussion with the manager and review of staff training records evidenced that they had a robust system in place to ensure staff attended mandatory training. Training was delivered via e-learning and face to face training for some modules for example; fire safety; safe moving and handling and basic life support. Overall compliance was monitored by the manager and this information informed the responsible persons' monthly quality monitoring visit in accordance with regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Audits undertaken in regards to training identified staff that were not compliant and actions taken to address same.

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

The manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified. The manager advised that senior management had attended training facilitated by the Southern Health and Social Care Trust. A folder with the necessary information was available for staff to access.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

A review of accidents and incident records confirmed that the falls risk assessments and care plans were completed following each incident and that care management and patient's representatives were notified appropriately. Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. In general, the areas reviewed were found to be clean, reasonably tidy and warm throughout. However, some bedrooms observed were not cleaned to a satisfactory standard. Items such as clothing and food debris were observed lying on the floor, even though, the records confirmed that these areas had been cleaned. This has been identified as an area for improvement under the care standards. Infection prevention and control measures were adhered to in the majority and equipment was appropriately stored.

Fire exits and corridors were observed to be clear of clutter and obstruction. At a previous inspection, items were being stored in a link corridor between the Mews and the Lodge. These items had been removed. Some bedroom doors were observed being wedged open. Urgent action was required in relation to the wedging and propping open of fire doors. These actions were discussed with the manager and are required to be addressed without delay to ensure the safety and wellbeing of patients in the home. An area for improvement had been identified under regulation.

At the time of inspection, the emergency evacuation folder was not updated to reflect the details of a patient admitted the day previous. This was discussed with the manager and has been identified as an area for improvement under the care standards.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training and development; induction; training, adult safeguarding, infection prevention and control.

Areas for improvement

An area for improvement made under the regulations related to fire safety. Areas for improvement under the standards were identified in relation to recruitment processes; and the cleanliness of the home's environment and the updating of the emergency evacuation register.

	Regulations	Standards
Total number of areas for improvement	1	3

6.5 Is care effective?

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

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. There was noted improvement in the standard of record keeping and care planning since the last inspection.

Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

A review of wound care records evidenced that wound care was managed in line with best practice. The review of progress notes and wound documentation evidenced that wound dressings had been changed according to the care plan. A review sample of repositioning charts evidenced that these were maintained in accordance with best practice and positional changes had been carried out as per the care plan.

Patients who had been identified at risk of losing weight had their weight regularly monitored. This ensured that any weight loss was identified and appropriate action taken in a timely manner. Patients who were identified as requiring a modified diet, had the relevant risk assessments completed. Care plans in place were reflective of the recommendations of SALT and care plans were kept under review. A sampling of food and fluid intake charts confirmed that patients' fluid intake was monitored.

Patients' bowel movements were monitored by nurses on a daily basis, using the Bristol Stool guidance as a reference, to ensure that any changes from the patients' usual bowel patterns were identified and timely action taken.

On the day of the inspection the standard of personal care afforded to a number of male patients' was below the standard expected. This was specifically in relation to "shaving." This matter was discussed with the manager and staff who advised that this was due to patients being non-compliant with this aspect of care. Although, care plans included this information, a review of personal care records did not indicate that the care had been offered but refused. This has been identified as an area for improvement under the care standards.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition. A written handover report is also completed by registered nurses for the 24 hr period. The manager advised that audits of these reports are completed to ensure they are robust and accurate. Reviews of audits completed evidenced areas for improvement identified and follow up actions taken. This is good practice.

Discussion with the manager confirmed that staff meetings were held on a regular basis and records were maintained. The most recent staff meeting was held April 2017. Group supervisions were held across staff teams in response to any issues arising. For example; short team meetings were held in June 2017, in response to some negative comments included in questionnaires returned to RQIA following a medicines management inspection. Records were maintained accordingly.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and /or the manager.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. A notice was displayed to advise a relatives meeting was scheduled for 24 August 2017.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

An area for improvement has been identified in regards to the recording of personal care 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, caring and timely. Consultation with eleven patients individually, and with others in smaller groups, confirmed that living in the home was a positive experience and confirmed that patients were afforded choice, privacy and dignity.

Patient comments included:

“All in all looked after well.”

“Staff are respectful, happy with the standard of care.”

“Looked after very well, very nice people.”

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.

Patients and/or their representatives were involved in decision making about their own care. Patients were consulted with regarding meal choices and their feedback had been listened to and acted on. Patients were offered a choice of meals, snacks and drinks throughout the day. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Patients and /or patient representatives consulted with also confirmed that they were able to maintain contact with their families and friends. Staff supported patients to maintain friendships and socialise within the home. There was two staff employed to provide activities in the home. There was evidence of a variety of activities in the home and discussion with staff confirmed that patients were given a choice with regards to what they wanted to participate in. There were various photographs displayed around the home of patients' participation in recent activities. Social care plans were in place to provide information to staff to ensure that patients' social care needs were met individually. Some of the patients spoken with advised that they were looking forward to going out on a trip to visit the Mayor at Palace Stables, the day following the inspection.

The serving of the midday meal was observed in the Mews. Tables were attractively set with cutlery, condiments and napkins. Those patients who had their lunch in the lounge or their own bedroom were served their meal on a tray which was set with cutlery and condiments and the food was covered prior to leaving the dining room. The meals were nicely presented and smelt appetising. All of the patients spoken with enjoyed their lunch. The day's menu was displayed in the dining room. Nurses were observed supervising and assisting patients with their meals and monitoring patients' nutritional intake.

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

During the inspection we met with five staff and two patients' representatives. Some comments received are detailed below:

Staff

"It may be an old building, but the care is very good."

"Good support from management."

"Teamwork good, communication good."

Patients' representatives

"Very happy, everyone very caring."

"Staff are marvellous, caring, genuine and respectful."

We also issued ten questionnaires to staff and relatives respectively and eight questionnaires to patients. No questionnaires were returned by patients and their representatives. Three staff returned their questionnaires, within the timeframe for inclusion in this report. Outcomes were as follows:

The responses received were all positive indicating that they were either 'satisfied' or 'very satisfied' that the care in the home was safe, effective and compassionate; and that the home was well-led. No additional written comments were included.

Any comments from patient representatives and staff in returned questionnaires received after the return date will be shared with the manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of 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.

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

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. The manager, Jane Sagayno, was appointed as registered manager, April 2017 and their registration is pending with RQIA. Staff were able to describe their roles and responsibilities. In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern. Some patients were observed referring to management and staff on a first name basis.

A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patient representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. The manager has a very 'hands on' approach and was involved directly in the delivery of care. This is good practice.

Discussions with the staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Staff described how they felt confident that the manager would respond positively to any concerns/suggestions raised.

Discussion with the 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 Care Standards for Nursing Homes 2015. Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

Discussion with the 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 appropriately.

Discussion with the manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example; audits were completed in accordance with best practice guidance in relation to falls, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvement had been embedded into practice.

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. These included medication and equipment alerts and alerts regarding staff that had sanctions imposed on their employment by professional bodies.

Discussion with the manager and review of records evidenced that Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. 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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

There were no areas for improvement identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jane Sagayno, Manager, 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 Nursing.Team@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

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 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered persons shall put in place measures that minimise the risk of fire and protect patients, staff and visitors in the event of a fire.</p> <p>This refers specifically to the wedging open of bedroom doors.</p> <p>Ref: Section 6.4</p>
	<p>Response by person detailing the actions taken:</p> <p>Staff are always reminded during training that doors must not be wedge open. Following inspection, a reminder has again been issued. Automatic door holders have been ordered. Discussion has been taken place with residents who occupy these rooms and they are willing to comply with the policy of doors being closed in the meantime.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)

<p>Area for improvement 1</p> <p>Ref: Standard 38.3</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2017</p>	<p>The registered person shall ensure that recruitment processes are further developed to ensure that the reasons for leaving and any gaps in an employment record are explored and explanations recorded.</p> <p>Ref: Section 6.4</p>
	<p>Response by person detailing the actions taken:</p> <p>We are making sure that application form received is screened properly by the admin staff. Incomplete application form must be liaised with the applicant. Application form will be reviewed by the interviewer. Missing entries must be clarified at the time of the interview.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2017</p>	<p>The registered persons should ensure that that the cleaning records are further developed to ensure traceability in terms of the specific areas cleaned. The registered manager should also have oversight of the cleaning records, to ensure compliance with best practice in infection prevention and control.</p> <p>Ref: Section 6.4</p>
	<p>Response by person detailing the actions taken:</p> <p>Comprehensive cleaning records are in place. There is ongoing supervision of the staff who complete this records so as the records accurately reflect the cleaning that has been done. Random checks have evidenced that cleaning practices have improved. These checks will continue and will include audit of the records. Feedback will be given to staff as part of their supervision.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 48</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2017</p>	<p>The registered person shall ensure that the emergency evacuation register is accurate, in terms of the patients accommodated within the home.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by person detailing the actions taken: The fire register is usually accurate. However, to ensure that an oversight does not occur in the future, it has been included in the daily checklist which is signed by the Nurse in Charge.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2017</p>	<p>The registered persons shall ensure that personal care records are maintained to reflect the care delivered or not delivered.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by person detailing the actions taken: Since the date of the inspection, the staff member who delivers the care is the person records the care given and also records when an element of care has been refused.</p>

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address



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