

Unannounced Care Inspection Report 3 July 2017



Greenpark

Type of Service: Nursing Home (NH)
Address: 15 Keady Road, Armagh, BT60 4DH
Tel No: 028 37527445
Inspector: Donna Rogan

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 62 persons.

3.0 Service details

Organisation/Registered Provider: Edward Maguire	Registered Manager: Mary Catherine Powell
Person in charge at the time of inspection: Mary Catherine Powell	Date manager registered: 10 June 2016
Categories of care: Nursing Home (NH) LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years MP – Mental disorder excluding learning disability or dementia MP(E) - Mental disorder excluding learning disability or dementia – over 65 years DE – Dementia I – Old age not falling within any other category Residential Care (RC) LD(E) – Learning disability – over 65 years MP(E) - Mental disorder excluding learning disability or dementia – over 65 years I – Old age not falling within any other category	Number of registered places: 62 NH-I - 38 NH-DE - 8 RC-I – 6 RC-LD(E) -1 RC-MP(E) -1 Vacant - 8 There shall be a maximum number of patients accommodated in the following categories: NH-DE (8); NH-MP/MP(E) (4); NH-PH/PH(E) (2); NH-LD(E) (1); RC-LD (E) (1); RC-MP(E) (1)

4.0 Inspection summary

An unannounced inspection took place on 3 July 2017 from 10.00 to 17.00 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, The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS Care Standards for Nursing Homes 2015 and Residential Care Homes Minimum Standards August 2011.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

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.

The term 'patients' is used to describe those living in Greenpark, which provides both nursing and residential care.

Evidence of good practice was found in relation to governance arrangements for the management of staff; management of accidents and incidents; staff awareness relating to adult safeguarding; fire safety standards and practices; patient and relatives/representatives level of satisfaction.

Areas for improvement under regulation were identified in relation to the reorganisation/cleaning and provision of equipment in the kitchen area and the replacement of the corridor flooring leading to the identified area outside the kitchen and the kitchen floor. Areas for improvement under the standards were identified in relation to the checks regarding the smoking area; the cleaning of the identified stairwell; information provided in the Regulation 29 monitoring visits; minutes of meetings; and the outcomes of care plan audits.

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 or their representatives 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	5

Details of the Quality Improvement Plan (QIP) were discussed with Mary Catherine Powell, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 14 December 2016

The most recent inspection of the home was an unannounced finance inspection undertaken on 14 December 2016. 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
- pre-inspection audit.

During the inspection the inspector met with eighteen patients, seven staff, and three patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff. Ten questionnaires for staff; ten for 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 all staff from 26 June 2017 to 2 July 2017
- 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 2016/2017
- 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
- five patient care records
- the matrix for staff supervision and appraisal
- a selection of governance audits relating to accidents; bedrails; wounds; care records
- 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 the registered manager at the conclusion of the inspection. Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as partially met, met or not met.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 14 December 2016

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

6.2 Review of areas for improvement from the last care inspection dated 5 October 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 21, Schedule 2 Stated: First time	The registered provider must ensure that the home's recruitment and selection process fully adheres to all aspects of The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, Schedule 2.	Met
	Action taken as confirmed during the inspection: A review of a staff member's personnel file evidenced that the recruitment and selection process adhered to all aspects of The Nursing Homes Regulations (Northern Ireland) 2005.	
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time	The registered provider must make suitable arrangements to minimise the risk of infections and toxic conditions and the spread of infections between patients and staff by ensuring the following infection prevention and control (IPC) issues are addressed: <ul style="list-style-type: none"> • the water supply to taps in B wing sluice is in working order • clinical waste bins in sluice areas are pedal operated and accessible • review the infection and prevention control issues relating to the storage of goggles in sluice areas • replace urinals and commode receptacles/bedpans which are permanently stained with wear • replace identified cracked toilet bowl • replace pressure relieving cushion, foot rest on identified chair and commode seat cover which have foam protruding with wear and tear. 	Met
	Action taken as confirmed during the inspection: A review of the environment evidenced the following;	

	<ul style="list-style-type: none"> • the water supply to taps in B wing were in working order • clinical waste bins were pedal operated and accessible • there were no goggles observed in the sluice rooms • urinals and commode receptacles/bedpans were replaced • the cracked toilet bowl has been replaced • pressure relieving cushions were replaced, the foot rest was replaced on the identified chair, the commode seat cover was also replaced. 	
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (4) 9d) (1)</p> <p>Stated: First time</p>	<p>The registered provider must make adequate arrangements for detecting, containing and extinguishing fires by:</p> <p>Ensuring that if a patient requests that their bedroom door is kept open, the door must be held open by a mechanism which is linked to the fire alarm system.</p> <p>Action taken as confirmed during the inspection: All doors retained open have appropriate locking mechanisms in place which are linked to the fire alarm system.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 27</p> <p>Stated: Second time</p>	<p>The registered persons shall ensure that the following issue is addressed in relation to the environment:</p> <p>Ensure commodes and urinals are appropriately cleaned after use.</p> <p>Action taken as confirmed during the inspection: Commodes and urinals were observed to be appropriately cleaned after use.</p>	<p>Met</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 39 Stated: First time	It is recommended that staff inductions: <ul style="list-style-type: none"> • take place over a sufficient length of time • are signed and dated by the person/s providing the induction and assessing competency • the overall induction record should be validated by the registered manager on completion 	Met
	Action taken as confirmed during the inspection: A review of two induction programmes evidenced that they took place over a sufficient length of time. They were signed and dated by the person providing the induction and assessing the competency. The overall induction programmes were validated by the registered manager upon completion.	
Area for improvement 2 Ref: Standard 3 & 4 Stated: First time	It is recommended that the following issues identified in relation to care records are addressed: <ul style="list-style-type: none"> • reassessments in relation to patient weight, Braden and MUST should be completed and recorded in accordance with best practice • dates should be included on supplementary charts such as wound care charts • the identified patient's care plan should be reviewed at least monthly • consent forms within patient care records should be reviewed in accordance with best practice. 	Met
	Action taken as confirmed during the inspection: A review of five patient care records evidenced that reassessments in relation to patient weight and Braden and Must were completed and recorded in accordance with best practice. Dates were included in supplementary charts. The identified patient care plan was reviewed; care records continue to be reviewed at least monthly. Consent forms within care records were reviewed in accordance with best practice.	

Area for improvement 3 Ref: Standard 11 Stated: First time	It is recommended that a structured and varied activity programme is further developed and that records are maintained of each activity and the patients who participate.	Met
	Action taken as confirmed during the inspection: The activity programme was structured and varied and records are maintained of activities conducted which included details of patient participation.	

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 registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure that the assessed needs of the patients were met. A review of the staffing rotas from 26 June 2017 to 2 July 2017 evidenced that the planned staffing levels were generally adhered to. However, registered nurses on duty stated that whilst there were four registered nurses on duty on the morning of the inspection that there has been a significant number of times that there were only three registered nurses on duty. Four of the returned staff questionnaires commented that at times there were insufficient staff on duty to meet the needs of patients. The registered manager stated that this was due to the holiday period and 'bank/agency' staff were not available and that during these times the needs of patients were effectively met with the staff that were on duty. The registered manager confirmed that a monthly analysis is conducted to assess the dependency of patients within the home in order to determine the required staffing levels. Observation of the delivery of care on the day of the inspection provided assurance that patients' needs were met by the levels and skill mix of staff on duty. Discussion with patients confirmed that they had no concerns regarding staffing levels.

Review of the training records indicated that training was planned to ensure that mandatory training requirements were met. Additional training was also provided, as required, to ensure staff were enabled to meet the assessed needs of the patients. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

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.

A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager confirmed that they will nominate an 'adult safeguarding champion' and they will attend all relevant training.

Discussion with the registered 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).

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 the dining room were found to be warm and comfortable. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. However, areas for improvement relating to the environment were identified. The identified flooring on the corridor leading to the kitchen area is required to be replaced as it can no longer be effectively cleaned. The flooring in the kitchen is required to be replaced also as it can no longer be effectively cleaned. Staff stated that the flooring is scrubbed every day. However, on the day of inspection it was heavily stained, some tiles were cracked and areas around equipment and doorways were observed to be dirty. An area for improvement under regulation was identified in relation to the above areas.

The kitchen area should also be reorganised in terms of storage of food and equipment. Areas around the dishwasher and hot water boiler were stained and not clean, staff stated that these areas are also cleaned daily but due to wear and tear they can no longer be effectively cleaned. Items of equipment which can no longer be cleaned should be replaced. Dried food items other than vegetables were also being stored in the vegetable preparation room. There were also cooked foods in the fridge and freezer which required being date stamped to identify when they were prepared. Staff personal items such as handbags were also being stored in the dried goods store. The chest freezer in the dining room was also observed to be chipped with areas of rust on the lid and on the bottom half of it. The identified freezer should be removed/replaced and moved to the kitchen area. Areas for improvement were identified under regulation in relation to ensuring safe and effective storage of food stuff in accordance with environmental health guidelines and any equipment identified should be replaced as needed. The above areas for improvement were also shared with the estates inspection team.

The smoking room checks had not been recorded as completed since 4 June 2017. The identified stairwell was not regularly cleaned and this area was not included in the cleaning schedules. Areas for improvement under the standards were made in these regards.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the reporting of notification of incidents to appropriate bodies; governance arrangements for the management of staff; promoting a culture of teamwork within the home.

Areas for improvement

Areas for improvement were identified in relation to the environment under regulation in relation to the replacement of the identified flooring, reorganising of the kitchen area in relation to cleaning and the management of the provision of equipment and the storage of food stuff. Areas for improvement under the standards include the recording of smoke room checks; and the inclusion of the cleaning of the identified stairwell in the cleaning schedules.

	Regulations	Standards
Total number of areas for improvement	2	2

6.5 Is care effective?

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

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. 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.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. However the most recent minutes of staff meetings held on 30 May 2017, 31 May 2017 and 16 May 2017 were not available. Two staff questionnaires returned stated that registered nurses meetings should be held separately from care staff. Two further returned staff questionnaires stated that more meetings are necessary. An area for improvement under the standards is made that minutes should be made available for all staff not in attendance and the registered manager should consider the above staff comments.

Staff who were spoken with stated that there was effective teamwork within the home with each staff member knowing 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 registered manager. There was evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT).

Supplementary care charts, such as repositioning, food and fluid intake records, evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff also demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005.

A review of five patients' care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were also clearly and effectively communicated to staff and reflected in the patients' records. There was also further evidence that the care planning process included input from patients and/or their representatives, if appropriate. Regular communication with representatives within the daily care records was also found.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care planning; effective team work and the promotion of communication between residents, staff and family members.

Areas for improvement

An area for improvement was identified under the standards in relation to the management of staff meetings.

	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. Patients were afforded choice, privacy, dignity and respect. Patients were very positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Feedback received from a number of patients during the inspection included the following comments:

- "I love it here; I am very content and happy"
- "I couldn't complain the staff are good to me"
- "I love the food, we get great choices"
- "Staff work so hard to make sure I am comfortable"

Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information and confidentiality.

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.

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.

Discussions with staff provided evidence that they considered the registered manager to be supportive and approachable.

In addition to speaking with patients, relatives and staff, RQIA provided 10 questionnaires for staff not on duty to complete; 10 for relatives and eight for patients. At the time of writing this report, five patients, ten staff and five relatives had returned their questionnaires. The following comments were made in the returned questionnaires;

Patients Views

- “Very satisfied that care is safe and compassionate”
- “I am here for life and am 120% happy. Wouldn’t change a thing and am very lucky to be in this home”
- “Very satisfied that the service is well led”
- “I would like to see the manager more often to be asked about my day to day life in the home”
- “When I am asked I have given my opinion when sought”.

Relatives Views

- “Toilets are not always clean”
- “Sometimes staff are very busy but they do their best”
- “Very satisfied that care is safe effective and compassionate”
- “Only one staff available during staff breaks”
- “Staff are very busy, but very pleasant”.

Staff Views

- “Very satisfied with all aspects”
- “Not very clean”
- “Satisfied”
- “Need four registered nurses in the mornings”
- “Team meetings generally involve all staff, it would be more beneficial for nurses to meet on a more regular basis”
- “Not enough staff pressure is showing”
- “More meetings”

Observation of the lunch time meal evidenced that patients were given a choice in regards to the meals being served. The dining areas were observed to be appropriately clean and tidy. Staff demonstrated a good knowledge of patients’ wishes, preferences and assessed needs as identified within the patients’ care plans and associated SALT dietary requirements. There was an adequate menu on display for patients in the dining room. The meal served was a choice of stuffed pork fillet or roast beef with turnip, broccoli and mashed potatoes and gravy. Dessert was a choice of cheesecake or ice cream and jelly. An assortment of yoghurts and fruit and fluids was also available.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to listening to and valuing patients and their representatives and taking account of the views of patients; awareness of and adherence to the dietary requirements and preferences of patients and the dining experience.

Areas for improvement

There were no areas for improvement identified in this domain.

	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 registered manager and staff evidenced that there was a clear organisational structure within the home. Staff spoken with, were able to describe their roles and responsibilities. The registered manager confirmed that there was a system in place to ensure that policies and procedures for the home were systematically reviewed on at least three yearly bases or as required.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. One of the ten staff questionnaires returned a comment, "some days we do not always see the manager".

A certificate of public liability insurance was current and displayed. Following discussion with care staff and a review of care records it was evidenced that the home was operating within its registered categories of care.

A review of records evidenced that monthly monitoring visits were completed. However the detail in the report should be more specific and the actions required should be clearly recorded. An area for improvement is made in this regard under the standard. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Discussion with the registered manager and a review of records confirmed that all complaints had been addressed and any expressions of dissatisfaction were recorded. An analysis of complaints was also completed on a monthly basis by the registered manager.

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 relation to:

- Accidents and incidents
- Weight loss
- Care records
- The use of bedrails
- Restraint

An area for improvement is made that the outcome or actions required following audits should confirm that the required actions have been addressed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision and review of policies and procedures; records relating to the selection and recruitment of staff and the overall management processes in the home including consultation with patients and staff.

Areas for improvement

There were two areas for improvement identified under the standards they relate to the Regulation 29 monitoring visits and the recording of audit outcomes.

	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 Mary Catherine Powell, registered 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 to 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	
Area for improvement 1 Ref: Regulation 27 (2) (d) Stated: First time To be completed by: 30 October 2017	The registered person shall ensure that the kitchen floor and the identified corridor area leading to the kitchen floors are replaced. Ref: Section 6.4
	Response by registered person detailing the actions taken: Home Owner is currently sourcing new flooring for the identified areas. Work will be completed by 30 th October 2017.
Area for improvement 2 Ref: Regulation 18 (2) (g) Stated: First time To be completed by: 30 August 2017	The registered person shall ensure safe and effective storage of food stuff in accordance with environmental health guidelines and any equipment identified should be replaced as needed. The kitchen should be re-organised and effectively cleaned. The identified freezer should be removed/replaced and moved from the dining area to the kitchen area. Ref: Section 6.4
	Response by registered person detailing the actions taken: Deep clean of the kitchen has been undertaken. All produce have been rotated and checked as per guidelines. Re-organisation of kitchen area, equipment and storage has taken place. New freezer purchased and placed in kitchen.
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)	
Area for improvement 1 Ref: Standard 48 Stated: First time To be completed by: With immediate effect	The registered person shall ensure the smoke room checks are completed in keeping with the homes fire safety policies and procedures. Ref: Section 6.4
	Response by registered person detailing the actions taken: Smoke Room checks are now completed as per Home Policy. Home Manager spot checking same daily.
Area for improvement 2 Ref: Standard 35 Stated: First time To be completed by: 31 July 2017	The registered person shall ensure minutes of staff meetings are made available for all staff. The registered manager should consider the comments made by staff and address any issues raised. Ref: Section 6.5
	Response by registered person detailing the actions taken: All minutes of meetings are recorded and kept for future reference. Copy of minutes of meetings are displayed for staff information. Staff appraisals / supervisions to commence September 2017 to address any issues raised.

<p>Area for improvement 3</p> <p>Ref: Standard 35 (7)</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2017</p>	<p>The registered person shall ensure that more detail is provided in the Regulation 29 monitoring visits of the actions required.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: Issue discussed with Reg 29 provider and more detail will be included as specified.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2017</p>	<p>The registered person shall ensure that the identified stairwell is thoroughly cleaned and that this area is included to be cleaned in the weekly cleaning schedules.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Stairwell cleaned and included on cleaning schedule.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2017</p>	<p>The registered person shall ensure that the outcome or actions required following audits should confirm that the required actions have been addressed.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: All audits now include section for follow up comments / action taken. Any outstanding action required will be signed on completion by Home Manager</p>

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk



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