



The Regulation and
Quality Improvement
Authority

Nazareth House Care Village
RQIA ID: 1638
516 Ravenhill Road
Belfast
BT6 0BW

Inspector: Donna Rogan
Inspection ID: IN021711

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**Unannounced Care Inspection
of
Nazareth House Care Village**

24 August 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 24 August 2015 from 10.00 to 17.00.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying; and Standard 32 - Palliative and End of Life Care.**

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern however some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

For the purposes of this report the term 'patients' will be used to describe those living in Nazareth Care Village which provides nursing care.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to Sections 5.2 and 6.2 of this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 25 March 2015.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	3

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager, Patricia McMullan as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Poor Sisters of Nazareth Jenny Hall	Registered Manager: Patricia McMullan
Person in Charge of the Home at the Time of Inspection: Patricia McMullan, Registered Manager	Date Manager Registered: 30 September 2008
Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of Registered Places: 48
Number of Patients Accommodated on Day of Inspection: 47	Weekly Tariff at Time of Inspection: £775

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

Standard 19: Communicating Effectively

Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

4. Methods/Process

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

Prior to inspection the following records were examined:

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

During the inspection, we observed care delivery/care practices and undertook a review of the general environment of the home. We met with approximately 25 patients, five care staff, two registered nurses, domestic staff and three relatives. There were no visiting professionals available during the inspection.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- the staff duty rota
- five patient care records
- accident/notifiable events records
- staff training records
- staff induction records
- policies for communication, death and dying and palliative and end of life care

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 25 March 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 15 (2) (a) and (b) Stated: First time	The registered persons must ensure that registered nurses record specific information in relation to patients' 'usual' bowel pattern and ensure that this information is included within continence assessments, is regularly reviewed and revised as appropriate.	Met
	Action taken as confirmed during the inspection: A review of the care records evidenced that a continence assessment was in place which included the patients' usual bowel pattern. The information was regularly reviewed and updated.	
Requirement 2 Ref: Regulation 16 (1) and (2) (b) and (c) Stated: First time	The registered persons must ensure that improvements in care planning are made. This relates to the need for; <ul style="list-style-type: none"> • Care plans to be developed for patient who are at high risk of constipation • Care plans to be more person centred and to reference the level of patient involvement, type of incontinence aids and laxatives used • Care plan evaluations to be specific in relation to how the patients' needs are being met 	Met
	Action taken as confirmed during the inspection: Care plans have been developed for those patients identified as being at high risk of constipation. Patients' involvement in their care was evident in the care records reviewed. Evaluations of care were observed to be specific in relation as to how patients' needs are being made.	

Last Care Inspection Recommendations	Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 5.6</p> <p>Stated: First time</p>	<p style="text-align: center;">Met</p>
<p>Contemporaneous nursing records should be maintained in accordance with NMC guidance and include the following areas of record keeping identified for improvement:</p> <ul style="list-style-type: none"> • patients' care records should state the actual date the patient is weighed • where a nursing assessment is made to monitor a patient's daily fluid intake, then the patients daily (24 hour) fluid intake should be recorded in their daily progress record in order to show that this area of care is being properly monitored and validated by the registered nurse • bowel function, reflective of the Bristol Stool Chart should be recorded on admission as a baseline measurement and thereafter in patients' daily progress records <p>Action taken as confirmed during the inspection:</p> <p>A review of patients care records evidenced that the actual date of when patients were weighed were recorded.</p> <p>Where patients were assessed to ensure patients daily fluid intake was monitored. This was observed to be recorded in the patients' daily progress record and there was evidenced that it was validated by the registered nurse.</p> <p>Bowel functions were recorded and reflective of the Bristol stool chart on admission and thereafter in the care records.</p>	

<p>Recommendation 2</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p>	<p>The registered persons should ensure that the policy for continence management is further developed to include catheter and stoma care. The following guidelines should be made available to staff and used on a daily basis:</p> <ul style="list-style-type: none"> • British Geriatrics Society Continence Care in Residential and Nursing Homes • NICE guidelines on the management of Urinary incontinence • NICE guidelines on the management of Faecal incontinence <p>Action taken as confirmed during the inspection: The policy for continence management was developed to include stoma and catheter care in keeping with best practice guidelines.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 19.4</p> <p>Stated: First time</p>	<p>The registered persons should consider the appointment of a continence link nurse to ensure the regular monitoring and completion of audits regarding the management of incontinence.</p> <p>Action taken as confirmed during the inspection: A continence link nurse has been identified for the home and has attended external training to support them in their responsibility.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 5.4</p> <p>Stated: First time</p>	<p>The registered persons should ensure that patient assessments are updated by registered nurses on a regular basis. This relates to:</p> <ul style="list-style-type: none"> • updating the Braden scale of patients who are at high risk of developing pressure sores • updating the falls risk assessments of patients who are at high risk of falls <p>Action taken as confirmed during the inspection: A review of the care records evidenced that the Braden scale was regularly updated for those patients identified as being at high risk of developing pressure sores.</p> <p>Falls risk assessments were updated for those patients who are at risk of falls.</p>	<p>Met</p>

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy/reference manual had been provided by the registered manager for all staff. The manual included the regional guidelines on Breaking Bad News. There was also updated policy information on communicating effectively and palliative and end of life care. The registered manager had provided staff with the reference manual where the relevant guidance documentation is easily accessible. Discussion with four staff confirmed that they were knowledgeable regarding the policies and procedures.

A sampling of staff training records evidenced that there was no formalised training for staff in relation to communicating effectively with patients and their families/representatives. However the registered manager stated that a DVD was available that staff could watch when there was an opportunity. There were no formal records maintained of when staff watched the DVD. The registered manager stated that the Palliative care and end of life symptoms training includes training in effective communication and the procedure for breaking bad news as relevant to staff roles and responsibilities. A recommendation is made that training in communication is provided for all staff in the home in keeping with their roles and responsibilities. Records should be maintained of any training received by staff.

Is Care Effective? (Quality of Management)

Three care records reflected patients' individual needs and wishes regarding the end of life care. Records included reference to the patient's specific communication needs. However, two of the care records required to be updated in relation to palliative care. A requirement is made in this regard. One care record also required to be reviewed to ensure poor nutritional intake is formally evaluated at least monthly.

A review of all three care records evidenced that the wishes and feelings were discussed with patients and/or their representatives, options and treatment plans were also discussed, where appropriate.

There was evidence within all records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Care staff were consulted and discussed their ability to communicate sensitively with patients and/or representatives. When the need for breaking of bad news was raised care staff felt this was generally undertaken by registered nursing staff. However, staff were aware of communication aids/cues, for example, non-verbal cues and gestures. They also felt their role was to empathise and to support patients and their representatives following sensitive or distressing news.

Is Care Compassionate? (Quality of Care)

Discussion was undertaken with staff regarding how they communicate with patients and their representatives.

All staff presented as knowledgeable and had a strong awareness of the need for sensitivity when communicating with patients and their representatives.

A number of communication events were observed throughout the inspection visit which validated that staff embedded this knowledge into daily practice. These observations included staff assisting patients with meals, and speaking to patients with a cognitive or sensory impairment. There was a calm, peaceful atmosphere in the home throughout the inspection visit.

Staff recognised the need to develop a strong, supportive relationship with patients and their representatives from day one in the home. It was appreciated by staff that this relationship would allow the delivery of bad news more sensitively and with greater empathy when required.

The inspector consulted with three visiting relatives. Relatives confirmed that staff treated patients with respect and dignity and were always welcoming to visitors.

A number of letters complimenting the care afforded to patients were viewed. Families stated their appreciation and support of staff and the care afforded in Nazareth Nursing Home.

Areas for Improvement

A requirement is made to ensure that the identified care records are updated in relation to palliative care and nutritional care.

A recommendation is made that training in communication is provided for all staff in the home in keeping with their roles and responsibilities. Records should be maintained of any training received by staff.

Number of Requirements:	1	Number of Recommendations:	1
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Standard 19 - Communicating effectively has been partially met.

5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

Is Care Safe? (Quality of Life)

As previously stated the registered manager had compiled a reference manual with included the management of palliative and end of life care and death and dying. These documents reflected best practice guidance such as the Gain Palliative Care Guidelines, November 2013, and included guidance on the management of the deceased person's belongings and personal effects.

Training records evidenced that staff have planned to attend palliative care and end of life symptoms. The training is planned to take place on 24 September 2015 to 5 November 2015. Registered nursing staff and care staff spoken with were aware of and were able to demonstrate knowledge of the Gain Palliative Care Guidelines, November 2013.

A link nurse, in respect of palliative care has been identified and they have attended the palliative care link nurse meetings provided by the local Healthcare Trust on a quarterly basis.

A review of the competency and capability assessments for registered nurses evidenced end of life care was included and the assessments had been validated by the registered manager. The review of staff induction training records also confirmed that end of life care was included.

Discussion with nursing staff and a review of one care record confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

Discussion with the registered manager, two registered nursing staff and a review of care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

A protocol for timely access to any specialist equipment or drugs was in place and discussion with nursing staff confirmed their knowledge of the protocol.

There were no patients identified as requiring a syringe driver on the day of inspection. Training records evidenced that registered nursing staff had received the appropriate training in McKinley Syringe Pump Training.

Is Care Effective? (Quality of Management)

There were two patients identified as requiring end of life care in the home at the time of the inspection, staff discussed two patients care who were receiving end of life and palliative care. Discussions evidenced that the management of hydration and nutrition, pain management and symptom management was maintained in accordance with best practice. A key worker/named nurse are identified for each patient. There was evidence that referrals would be made if required to the specialist palliative care team and close contact was evidenced to be maintained with the patient's General Practitioner (GP).

Discussion with the registered and deputy managers and four staff evidenced that environmental factors are considered when patients near the end of life stage. Discussions evidenced that management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying and patients representatives were enabled to stay for extended periods of time without disturbing other patients in the home. There are various rooms identified throughout the home which can be used for this purpose. There is also a coffee/tea room available for relatives should they wish to use these facilities.

A review of notifications of death to RQIA during the previous inspection year, evidenced they were appropriately submitted.

Is Care Compassionate? (Quality of Care)

Discussion with staff and a review of three care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding care. Staff gave examples from the past, of how they supported the spiritual wishes of patients and of how staff stayed and gave emotional support to patients at the end of life. Staff stated they were able to sit with patients, if family members were not available so as no patient passed away with no one present. There is a large chapel in the home which can be used by patients, relatives or representatives at any time. There are religious services provided on a daily basis. Pastoral care is a large part of the daily routine and is embedded in the ethos of the homes statement of purpose.

From discussion with the registered manager, staff, relatives and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives. There was evidence within compliments records that relatives had commended the management and staff for their efforts towards the family and patient.

Discussion with the registered manager and a review of the complaints records evidenced that there were no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

Staff who were consulted during the inspection confirmed that they were given an opportunity to pay their respects after a patient's death. From discussion with the clinical lead manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included for example, bereavement support; staff meetings and 1:1 counselling, if deemed appropriate.

Areas for Improvement

There were no requirements or recommendations made in relation to this theme.

Number of Requirements:	0	Number of Recommendations:	0
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Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32) has been fully met.

5.5 Additional Areas Examined

5.5.1. Questionnaires

As part of the inspection process we issued questionnaires to staff and patients.

Questionnaire's issued to	Number issued	Number returned
Staff	10	4
Patients	5	5
Patients representatives	10	7

All comments on the returned questionnaires were in general positive.

Patients' views

There were 5 questionnaires completed by patients, comments received are detailed below:

"Very satisfied that my relatives/visitors can visit freely."

"I would appreciate more frequent checks on me, especially during the quiet part of the day from reception staff, care workers. Nursing staff, managers and the sisters themselves the care could not be better."

"Very satisfied that nursing staff listens to me."

"Very satisfied that staff treat me with dignity and respect."

Patients spoken with during the inspection were highly commendable of the care and treatment they were receiving.

The following comments were made to the inspector:

"I am so happy and content here."

"I couldn't ask for better everything about here is good."

"Can't complain about a thing."

"I think we are so well looked after."

Patients' representatives' views

There were four relatives visiting at the time of the inspection. Three relatives' comments were very positive regarding care and communication in the home. All representatives were positive regarding the staff in the home stating they were so caring and considerate. All stated they felt confident in leaving their representative in the home and were content that they received the care they required in a timely way. One relative was very complimentary of the facilities available to relatives for example the coffee shop, chapel and daily activities

One relative requested to speak with the inspector. The relative was very positive about the care their relative was receiving, however, was concerned that at times the nurse call system was not always answered promptly. The relative also stated that they felt that nursing/care staff were not always available and that at times the home may be understaffed. The above issues were discussed with the registered manager who stated that the home was not understaffed, however, agreed to monitor the nurse call system and staffing levels in the home to ensure they were in sufficient numbers to meet the needs of the patients. A recommendation is made in this regard.

There were 7 questionnaires completed by patients representatives, comments received are detailed below:

"I think it can be very lonely at times."

"I cannot emphasise how grateful our family are for all the wonderful care my relative has been getting."

"The family are very satisfied and please with the care my relative is receiving."

"Simply all aspects are above excellence."

"My relative is very happy and content, staff are excellent."

"I have no hesitation in recommending Nazareth as a centre of excellence."

"My relative is extremely happy and content, every time I visit I can only praise it, I find it's very much home from home."

Staff views

Staff spoken with during the inspection expressed high level of satisfaction with care and services provided in the home. All were complimentary of the management in the home and felt communication and palliative/care of the dying was a theme which they were well trained in and were confident that they delivered well.

There were 4 questionnaires completed by staff, comments received are detailed below:

"Very satisfied that we are well trained in safeguarding vulnerable adults."

"Very satisfied that patients are encouraged to retain their independence."

Two members of staff stated that they were "very dissatisfied that there are supportive systems in place to enable staff to pay their respects following the death of a patient."

A recommendation is made to ensure there are opportunities for staff to pay their respects following the death of a patient.

5.5.2. The environment

There was a good standard of cleanliness and hygiene standards evident during the inspection. The home was spacious and communal areas were comfortable. Infection control procedures were also maintained to a good standard.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Patricia McMullan, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

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

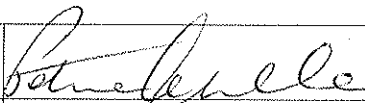
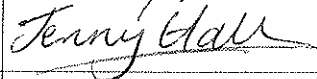
6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
Statutory Requirements			
Requirement 1	The registered persons must ensure that the identified care records are updated in relation to palliative care and nutritional care.		
Ref: Regulation 15			
Stated: First time	Response by Registered Person(s) Detailing the Actions Taken:		
To be Completed by: 5 October 2015	THIS HAS BEEN FULLY ADDRESSED IN LINE WITH THIS REQUIREMENT.		
Recommendations			
Recommendation 1	The registered persons shall ensure that training in communication is provided for all staff in the home in keeping with their roles and responsibilities. Records should be maintained of any training received by staff.		
Ref: Standard 19			
Stated: First time	Response by Registered Person(s) Detailing the Actions Taken:		
To be Completed by: 5 October 2015	SCHEDULED FOR JANUARY 2016 AS DISCUSSED WITH MS DONNA ROGAN.		
Recommendation 2	The registered persons shall monitor the nurse call system and staffing levels in the home to ensure they were in sufficient numbers to meet the needs of the patients.		
Ref: Standard 41			
Stated: First time	Response by Registered Person(s) Detailing the Actions Taken:		
To be Completed by: 5 October 2015	PLEASE SEE ATTACHED LETTER.		
Recommendation 3	The registered persons shall ensure there are opportunities for staff to pay their respects following the death of a patient.		
Ref: Standard 32			
Stated: First time	Response by Registered Person(s) Detailing the Actions Taken:		
To be Completed by: 5 October 2015	PLEASE SEE ATTACHED LETTER		
Registered Manager Completing QIP		Date Completed	12.10.15
Registered Person Approving QIP		Date Approved	12.10.15
RQIA Inspector Assessing Response		Date Approved	

Please ensure the QIP is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address



RQIA Inspector Assessing Response	Donna Rogan	Date Approved	19/03/16
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12 October 2015

Ms D. Rogan

Inspector/Quality reviewer

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

Belfast BT1 3BT

Dear Ms Rogan

Re: RQIA ID 1638 Unannounced Care Inspection 24 August 2015

Thank you for the draft report in regard to the above inspection. Further to our telephone discussion, we would wish to comment as follows:

1.0 Standard 19-Communicating effectively

It was good to read (page 6 of the report) that your discussion with staff on duty confirmed that they were knowledgeable in regard to the policy information on communicating effectively and palliative and end of life care. It was also encouraging to read (on page 7 of the report) that your observation of communication events validated that staff knowledge was embedded in daily practice.

I am pleased to confirm that we have formalised training in relation to communicating effectively, planned for all staff, which will take place in January 2016. This will form part of our mandatory training for all staff throughout the Care Village and I confirm that records will be kept of this training for future inspection.

2.0 Standard 20 and Standard 32-The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity

We were pleased to note (page 8) that staff gave examples of how they supported the spiritual wishes of patients and of how they gave emotional support to patients at the end of life. We understand also that staff on duty advised you that they were given an opportunity to pay their respects after a patient's death. (page 9)

It was therefore disappointing to read (page 10) that in the anonymous questionnaires, 2 staff had expressed dissatisfaction at the opportunities to pay their respects following the death of a patient.

We would wish to add here that staff on duty at the time of death, on every occasion, warmly offer condolences to family members.

Staff on duty at such times (Nurse, Care Assistants and management) are afforded the opportunity to respectfully accompany the remains to the main entrance.

Funeral arrangements are circulated to staff and the home is always represented at all funerals, the only exception being if this is not feasible due to distant locations.

Staff who are 'off duty', have been encountered on many occasions at funeral services. However, for operational reasons and to ensure the well being of residents, it is simply not possible to free up staff who are on duty, to attend funerals.

A memorial service is held every January to remember all residents who have passed away over the last 12 months and an open invitation is extended to all staff who wish to attend.

In view of the comments made in the questionnaires, this will be discussed at the next staff meeting. We will ensure that staff are aware, that should they wish to swap their shift in order to attend a resident's funeral, we will make every effort to accommodate any such request. Should any other suggestions be put forward by staff, these will be given due consideration.

Other than this, we are unsure what further actions we could take to address the recommendation made in the report.

3.0 Patients representatives' views

Again, it was a source of encouragement for us to read the positive comments received regarding care and communication in the home.

In regard to the one concern raised (page 10), we would confirm as follows:

We strive to answer all call bells promptly and response times are kept under review by the management team. We wish to further confirm that a full quota of staff is always rostered, with a clear emphasis on skill mix.

Staff breaks have recently been reviewed to ensure a robust complement of staff is available at all times, to the best of our ability. Availability of staff throughout the day is assisted by the excellent support we receive from families who regularly escort their relatives to hospital appointments.

We accept that staff's ability to respond to call bells promptly can be affected, on occasions. For example, where there is a sudden deterioration of a resident's condition, or when death occurs. It has been noted that some residents, due to cognitive impairment, may press the call bell repeatedly, without realising they are doing so. It can be challenging to meet the

expectation of families in this regard, due to the need to ensure that each resident in the nursing unit receives regular attention from the staff team.

Staff numbers are kept under review in conjunction with resident dependency levels and additional personnel are brought on duty when deemed necessary. This may necessitate the use of agency staff at times.

We would wish to confirm that a Registered Nurse is always available upon request.

In urgent circumstances, even when on breaks, the Nurse is fully aware of the importance of returning to the unit without delay and he/she carries a phone with her at all times to facilitate such eventualities.

In addition, the Nurse Manager is happy to meet with families at a mutually convenient time.

In essence, the balance we strive to achieve is the provision of a good service/response time and meeting the expectations of residents and their families. This can be a challenge at times and staff and management work very hard to try to achieve this.

We would like to express our thanks for your support and we welcome the opportunity to review matters highlighted within your report to further our efforts to deliver a consistent, high quality service to all those in our care here.

Yours sincerely

A handwritten signature in cursive script that reads "Jenny Hall". The signature is written in black ink and is positioned above the printed name.

Jenny Hall

General Manager/Registered provider