

# Unannounced Care Inspection Report 17 and 18 May 2016



## Larne Care Centre

**Address: 46-48 Coastguard Road, Larne, BT40 1AU**  
**Tel No: 028 2827 7979**  
**Inspector: Heather Sleator**

## 1.0 Summary

An unannounced inspection of Larne Care Centre took place on 17 May 2016 from 09:40 to 17.00 hours and 18 May 2016 from 09:40 to 14.30 hours.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if Larne Care Centre was delivering safe, effective and compassionate care and if the service was well led. The inspection also included a pre-registration inspection (care) of a new bedroom in Ballygally unit. Colin Muldoon, Estates Inspector had undertaken a pre-registration inspection of the bedroom facility during an estates inspection on 12 May 2016.

### **Is care safe?**

Following discussion with patients, representatives and staff; and a review of records there was evidence of good delivery of care to patients. Despite this, issues in relation to the staffing arrangements in the home were raised by patients and staff and are detailed in sections 4.5. Two recommendations have been stated.

### **Is care effective?**

There was evidence of positive outcomes for patients through the competent delivery of safe and effective care. Recommendation have been made that the home establishes a system to seek the views of patients regarding the services provided by the home and the safe storage of records.

### **Is care compassionate?**

There was evidence of good communication in the home between staff and patients and patients and their representatives were very praiseworthy of staff. The domain has been assessed as good. Comments made by a small number of patients and staff of a more negative nature are also included in the report. Weaknesses have been identified in the arrangements for providing opportunities for patients to give their opinions on the quality of services provided by the home and establishing a forum for patients is recommended.

### **Is the service well led?**

There was a clear organisational structure and staff were aware of their roles and responsibilities. A review of care confirmed that the home was operating within their registered categories of care, in accordance with their Statement of Purpose and Patient Guide.

There was evidence that effective management systems had been established in the home and that the services provided by the home were regularly monitored. Recommendations made within the sections regarding safe and effective care.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

For the purposes of this report, the term 'patients' will be used to described those living in Larne Care Centre which provides both nursing and residential care.

## 1.1 Inspection outcome

|   | Requirements | Recommendations |
|---|--------------|-----------------|
| <b>Total number of requirements and recommendations made at this inspection</b> | 0            | 4               |

Details of the QIP within this report were discussed with Leslie Stephens, Registered Manager and Angela Dorrian, Area Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 1.2 Actions/enforcement taken following the most recent care inspection

The most recent inspection of the home was an unannounced inspection undertaken on 23 February 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

## 2.0 Service details

|   |   |
|---|---|
| <b>Registered organisation/registered person:</b><br>Colin Nimmon   | <b>Registered manager:</b><br>Leslie Stephens     |
| <b>Person in charge of the home at the time of inspection:</b><br>Leslie Stephens                         | <b>Date manager registered:</b><br>3 October 2014 |
| <b>Categories of care:</b><br>RC-I, RC-PH, RC-PH(E), NH-I, NH-PH, NH-PH(E), NH-TI, NH-LD(E), NH-DE, NH-LD | <b>Number of registered places:</b><br>84         |

## 3.0 Methods/processes

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

Prior to inspection the following information was analysed:

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

- previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspectors also met with 25 patients, five care staff, ancillary staff, three registered nurses and three patient’s representatives.

The following were examined during the inspection:

- validation evidence linked to the previous QIP
- staff roster
- staff training records
- staff induction records
- staff competency and capability assessments
- staff recruitment records
- staff supervision and appraisal planner
- complaints and compliments records
- incident and accident records
- records of quality audits and
- records of staff, patient and relatives meetings

**4.0 The inspection**

**4.1 Review of requirements and recommendations from the most recent inspection dated 12 May 2016**

The most recent inspection of the home was an announced estates inspection. The completed QIP when returned will be approved by the estates inspector.

**4.2 Review of requirements and recommendations from the last care inspection dated 23 February 2016**

| Last care inspection recommendations  |  | Validation of compliance |
|---|--|--------------------------|
| <b>Recommendation 1</b><br><b>Ref:</b> Standard 39.4<br><b>Stated:</b> First time | It is recommended that further staff training is sought for all staff who have not yet received training on continence management.   | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>The review of staff training records evidenced that training in respect of continence management was undertaken by staff on 10 and 17 May 2016. |                          |

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|--|--|-------------------|
| <p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> First time</p>  | <p>It is recommended that evidence is present in patient care records of the monitoring and evaluating of patients' bowel function by registered nurses.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b><br/>The review of six patient care records evidenced that patients bowel function is monitored by registered nurses and care staff and recorded in the patients progress records. Staff use the Bristol Stool Chart as a reference source.</p>   | <p><b>Met</b></p> |
| <p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 4.7</p> <p><b>Stated:</b> First time</p>  | <p>It is recommended that nursing staff accurately and consistently complete nursing care records. This includes the completion and review of risk assessments. Continence assessments and care plans should identify the type of continence product, if any, that is required</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b><br/>The review of six patient care records evidenced registered nurses were completing continence assessments and a corresponding care plan was in place. Evidence was present of registered nurses identifying the type of continence product required in both the completed risk assessment and care plan.</p> | <p><b>Met</b></p> |
| <p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 17.2</p> <p><b>Stated:</b> First time</p> | <p>It is recommended that nursing staff ensure that where an area of need is assessed a corresponding care plan is written. All interventions within care plans should be actioned and evaluated. This refers to the management of behaviours that challenge.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b><br/>The review of six patients care records evidenced an improvement in the standard of care planning and recording specifically in relation to the management of behaviours that challenge.</p>  | <p><b>Met</b></p> |

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|--|---|---|
| <p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 4.8</p> <p><b>Stated:</b> First time</p>  | <p>It is recommended that patients' assessment of need and corresponding care plans accurately reflect patients' wellbeing. As and when patient need changes care documentation should reflect any changes.</p> | <p style="text-align: center;"><b>Met</b></p> |
| <p><b>Action taken as confirmed during the inspection:</b></p> <p>The review of six patients care records evidenced an improvement in the standard of care planning and recording completed by registered nurses.</p>  |   |   |
| <p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 35.6</p> <p><b>Stated:</b> First time</p>   | <p>It is recommended the quality assurance audits undertaken regarding the environment or health and safety include a review of the call bell system and door hold opening devices.</p>                         | <p style="text-align: center;"><b>Met</b></p> |
| <p><b>Action taken as confirmed during the inspection:</b></p> <p>The call bell system had been reviewed and was fully operational. A number of door hold open devices had been purchased and placed on bedroom doors throughout the home and the registered manager stated more were on order and would be used as and when required.</p> |   |   |

#### 4.3 Is care safe?

The registered 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. Management are actively recruiting registered nurses to supplement the nursing team and as an interim measure the organisation has agreed nursing staff may work additional hours if they wish to. A review of the staffing roster for weeks commencing 9 and 16 2016 evidenced that the planned staffing levels were adhered to. In addition to nursing and care staff staffing rosters it was confirmed that administrative, maintenance, catering, domestic and laundry staff were on duty daily. Staff spoken with were satisfied that there were sufficient staff to meet the needs of the patients. One staff member responded by questionnaire and stated 'there are times certain patients require one to one care which we cannot provide 100% of the time, overall though we are able to meet the needs of the patients.' Relatives commented positively regarding the staff and care delivery.

A review of two personnel files evidenced that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2. The review of a third personnel file of a staff member who had transferred to the home from another home within the group did not evidence all the required information had transferred with the staff member. This was discussed with the registered manager and area manager and it was agreed that, in future, all required documentation would be present in the home. Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff were reviewed monthly.

The recording process for care staff was not as clearly defined as that of nursing staff. The registered manager was advised and agreed to establish a similar recording process for the monitoring of the registration of care staff with the Northern Ireland Social Care Council (NISCC) as was in place for monitoring the registration status of nursing staff with the Nursing and Midwifery Council (NMC).

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. Three completed induction programmes were reviewed. The programmes 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. The registered manager also signed the record to confirm that the induction process had been satisfactorily completed.

Review of six records confirmed that a competency and capability assessment was completed with all registered nurses who were given the responsibility of being in charge of the home.

Training was available via internal face to face training arranged by management and training provided by the local health and social care trust and other external agencies. The review of staff training records evidenced that the registered manager had systems in place to monitor staff attendance and compliance with training. Discussion with the registered manager, staff on duty and a review of records confirmed that there are systems in place to ensure that staff received an annual appraisal. In discussion staff stated they had not received formal regular supervision as yet. The registered manager had a supervision planner in place for 2016 and stated that the completion of the annual appraisal of staff was the priority at present.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Training records reflected that 33% of staff had undertaken safeguarding training in 2016, with further training to be provided for the remaining staff by December 2016. Annual refresher training was considered mandatory by the home. A review of documentation confirmed that an adult safeguarding file had been established for referrals which had been made to the adult safeguarding team. The review of the file evidenced the file was not up to date. The importance of having robust systems in place to monitor the progress of safeguarding issues with the local health and social care trust was discussed with the registered manager and a recommendation has been made.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to the relevant bodies. A random selection of accidents and incidents recorded since the previous inspection evidenced that accidents and incidents had been appropriately notified to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. The registered manager completed a monthly analysis accident, incidents and of falls to identify any trends or patterns.

An inspection of the home was undertaken to examine a random sample of patients' bedrooms, lounges, bathrooms and toilets. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. The home was fresh-smelling, clean and appropriately heated. Infection prevention and control issues and upgrading of the shower area were identified in a bathroom/shower facility in one unit. This was discussed with the registered manager and the area manager and a recommendation has been made.

The new bedroom accommodation in Ballygally unit was inspected. The bedroom was spacious, well-furnished and had an en-suite facility. Colin Muldoon, Estates Inspector had undertaken a pre-registration inspection of the bedroom on 12 May 2016. Areas identified for action prior to the issue of a new registration certificate were confirmed to RQIA as completed by the registered manager on 25 May 2016.

Fire exits and corridors were observed to be clear of clutter and obstruction.

### Areas for improvement

It is recommended a robust system is established to monitor the progress of safeguarding issues with the local health and social care trust.

It is recommended the issues identified in the bathroom/shower facility in one of the units is addressed in accordance with infection prevention and control guidelines.

|                               |  |                                   |          |
|-------------------------------|--|-----------------------------------|----------|
| <b>Number of requirements</b> |  | <b>Number of recommendations:</b> | <b>2</b> |
|-------------------------------|--|-----------------------------------|----------|

#### 4.4 Is care effective?

Review of six 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. 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. Supplementary care charts (include examples such as repositioning/food and fluid intake records) evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. The review of six patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. 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.

Staff demonstrated an awareness of the importance of contemporaneous record keeping. A recommendation is stated regarding the patient confidentiality and the storage of records and patient information. Supplementary care records for example; repositioning charts and food and fluid intake charts were observed in the communal lounge areas of the home. A more suitable arrangement for the storage of these records should be established.

It was observed that Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) directives were recorded in keeping with the Resuscitation Council (UK) guidelines and evidenced regular review by registered nursing staff and an annual review by the patient's general practitioner.

Discussion with staff evidenced that nursing and care staff attend a handover meeting at the beginning of each shift. Staff were also asked this question via questionnaire. Six staff responded by questionnaire of which three staff stated they did receive an effective handover report at the start of their shift and three staff stated they did not. This was discussed with the area manager post inspection. The area manager stated one care assistant attended a handover report and then informed the remaining care assistants of any specific issues. The area manager stated this was a more effective use of staff time. The registered manager is advised to discuss the effectiveness of the communication systems in the home with staff. Staff meetings were held regularly and that records of these meeting were maintained

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Staff also confirmed that if they had any concerns, they would raise these with the manager.

The serving of lunch was observed. Tables were set with cutlery, condiments and napkins. Those patients who had their lunch in the lounge or 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. Patients were enabled to choose which dish they preferred at the point of service. This is good practice.

The serving of the lunch was observed to be well organised with all of the patients being attended to in a timely manner. The meals were nicely presented and smelt appetising. All of the patients spoken with enjoyed their lunch.

We discussed how the registered manager consulted with patients and relatives and involved them in the issues which affected them. The registered manager stated that there had been a poor response to relatives meetings in the past and therefore he has an 'open door' policy which he finds to be effective. We were unable to confirm that patients meeting were held. It is recommended that a system is established to seek the views of patients regarding the services provided by the home.

**Areas for improvement**

It is recommended that any record which details patient information is stored safely.

It is recommended that a system is established to seek the views of patients regarding the services provided by the home.

|                               |  |                                   |          |
|-------------------------------|--|-----------------------------------|----------|
| <b>Number of requirements</b> |  | <b>Number of recommendations:</b> | <b>2</b> |
|-------------------------------|--|-----------------------------------|----------|

**4.5 Is care compassionate?**

Observations throughout the inspection evidenced that there was a calm atmosphere in the home and staff were quietly attending to the patients' needs.

Patients were observed to be sitting in the lounges, or in their bedroom, as was their personal preference. We observed numerous occasions when staff offered patients' choice and took time to find out what the patients wanted when it was not always apparent and patients were unable to express their wishes clearly. Staff were observed responding to patients' needs and

requests promptly and cheerfully, and taking time to reassure patients as was required from time to time. We observed staff sensitively and skilfully assisting a patient who displayed a distressed reaction.

Staff spoken with were knowledgeable regarding patient's likes and dislikes and individual preferences, for example we observed a notation on the patients menu choice regarding a named patient. Staff stated this patient preferred their main meal of the day to be in the evening as opposed to midday. Staff had accommodated the patient's preference and the main meal of the day was served in the evening.

The activities coordinators developed a weekly programme of activities which was greatly enjoyed by patients. Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

As discussed in section 4.4 a recommendation has been made in respect of establishing systems to gain the opinion of patients on the quality of services provided by the home. We also discussed how the registered manager consulted relatives and involved them in the issues which affected them. Alongside the registered manager having an 'open door' policy for engagement with relatives there is a relative's notice board in the home. Information on the notice board included the mobile telephone numbers of the directors of the Wilson Group, the area manager and registered manager. This is good practice. Other communication initiatives included the name of the nurse in charge of each unit is displayed in the entrance lobby, the complaints policy is displayed outside each unit and an 'our links with the community' notice board in the entrance lobby.

Patients spoken with commented positively in regard to the care they received. Those patients who were unable to verbally express their views were observed to be appropriately dressed and were relaxed and comfortable in their surroundings. Observation of care delivery confirmed that patients were assisted appropriately, with dignity and respect, and in a timely manner

Numerous compliments had been received by the home from relatives and friends of former patients. Compliments/cards were displayed in various areas of the home.

The following are some comments we received from patients:

'I love it here.'

'The girls are just great.'

'I enjoy the food.'

'Staff are very good to me.'

We met with three relatives during the inspection who stated:

'The girls are great but I think they need more staff.'

'Patients need a lot of time and attention, could do with more staff as the girls are very busy.'

The following are some comments we received from staff:

'Good place to work.'

'It's hard work but good work.'

'We all work very well together.'

'Good teamwork here.'

## Questionnaires

As part of the inspection process we issued questionnaires to staff, patients and patients' representatives. The returned questionnaires were generally positive regarding the quality of nursing and other services provided by the home. Specific comments are detailed below:

The following comments from patients were provided:

- 'Need more staff because I can't get to the toilet on time when I ask as staff are busy.'
- 'I'm not asked for my opinion.'
- 'I would go straight to the manager if I was unhappy.'
- 'I think the home is managed well but things could be a bit tighter.'

The following comments were provided by staff:

- 'I feel there could be more dementia training.'
- 'Some patients require one to one supervision which takes away from help offered to other patients.'
- 'Care assistants are not involved in daily handovers therefore aren't always given the necessary information in order to do their jobs.'
- 'As the patients are highly dependent there aren't enough staff.'
- 'Sometimes we don't get told any news or get a chance to read care plans.'
- 'Sometimes our opinions don't count.'

Patients, their representatives and staff have commented on staff shortages and staffing arrangements. It is recommended that the senior management team continue to review and monitor the dependency levels of patients to ensure that the home's staffing arrangements are sufficient to meet the needs of each unit.

## Areas for improvement

A recommendation was made in section 4.4 that a system is established to seek the views of patients regarding the services provided by the home.

|                               |          |                                   |          |
|-------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>1</b> |
|-------------------------------|----------|-----------------------------------|----------|

### 4.6 Is the service well led?

The certificate of registration issued by RQIA and the home's certificate of public liability insurance were appropriately displayed in the foyer of the home.

Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered. The Statement of Purpose and Patient Guide were displayed and available in each unit.

Staff spoken with were knowledgeable regarding the line management arrangements within the home and who they would escalate any issues or concerns to; this included the reporting arrangements when the registered manager was off duty. Discussions with staff also confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. However, as stated in section 4.5 comment has been made by patients, their relatives and staff regarding staffing arrangements and some management issues. The registered manager is advised to review patient dependency and/or review the allocation of duties and deployment of staff to ensure staffing arrangements meet

patient need. Staff should be included in any review and the outcome of any review in respect of staffing.

Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients and their representatives confirmed that they were confident that staff and /or management would address any concern raised by them appropriately.

A record of complaints was maintained by the registered manager. The record included the date the complaint was received, the nature of the complaint, details of the investigation and a copy of the letter sent to the complainant. Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

A system was in place to monitor the quality of the services delivered. The registered manager completed a programme of audits on a monthly basis. Areas for audit included care records, infection prevention and control practices, falls, wound care management, complaints and the environment. Where a shortfall had been identified an action plan was developed, completed and the area re-audited to check that the required improvement has been completed.

Discussion with the registered manager and review of records evidenced that the monthly quality monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes 2015. 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 for improvement

A recommendation was made in section 4.3 that a robust system established to monitor the progress of safeguarding issues with the local health and social care trust.

A recommendation was made in section 4.3 that the issues identified in the bathroom/shower facility in one of the units are addressed in accordance with infection prevention and control guidelines.

A recommendation was made in section 4.4 that any record which details patient information is stored safely.

A recommendation was made in section 4.4 that a system is established to seek the views of patients regarding the services provided by the home.

|                               |          |                                   |          |
|-------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>4</b> |
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### 5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Leslie Stephens, registered manager and Angela Dorrian, area 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 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 the RQIA would apply standards current at the time of that application.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

### 5.2 Recommendations

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

### 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the 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 by the registered manager. Once fully completed, the QIP will be returned to [Nursing.Team@rqia.org.uk](mailto: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 areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

| <b>Quality Improvement Plan</b>   |   |
|---|---|
| <b>Recommendations</b>  |   |
| <b>Recommendation 1</b><br><b>Ref:</b> Standard 13<br><b>Stated:</b> First time<br><b>To be completed by:</b><br>31 July 2016   | The registered person should establish a robust and up to date system to monitor the progress of safeguarding issues with the local health and social care trust.<br><br><b>Ref: Section 4.3</b><br><br><b>Response by registered person detailing the actions taken:</b><br>System in place to record all safeguarding issues and will remain in place until closed by trusts.   |
| <b>Recommendation 2</b><br><b>Ref:</b> Standard 46.2<br><b>Stated:</b> First time<br><b>To be completed by:</b><br>11 July 2016 | The registered person should ensure the issues identified in the bathroom/shower facility in Carnlough unit are actioned.<br><br><b>Ref: Section 4.3</b><br><br><b>Response by registered person detailing the actions taken:</b><br>Fully actioned. Perspex applied to relevant areas in bathroom.   |
| <b>Recommendation 3</b><br><b>Ref:</b> Standard 37.1<br><b>Stated:</b> First time<br><b>To be completed by:</b><br>31 July 2016 | The registered person should ensure that any record retained in the home which details patient information is stored safely and in accordance with DHSSPS policy, procedures and guidance and best practice standards.<br><br><b>Ref: Section 4.4</b><br><br><b>Response by registered person detailing the actions taken:</b><br>Lockable cupboards are now in place in each lounge of the unit to store personal care notes.    |
| <b>Recommendation 4</b><br><b>Ref:</b> Standard 7.1<br><b>Stated:</b> First time<br><b>To be completed by:</b><br>31 July 2016  | The registered person should ensure that a system to seek the views of patients regarding the services provided by the home is established.<br><br><b>Ref: Section 4.4</b><br><br><b>Response by registered person detailing the actions taken:</b><br>File in situ for feedback information, monthly meetings set up with clients. Quarterly meetings with relatives also in place. Meetings have taken place May and June 2016. |

*\*Please ensure this document is completed in full and returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) from the authorised email address\**



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