



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 13 & 14 November 2019



## Larne Care Centre

**Type of Service: Nursing Home**  
**Address: 46-48 Coastguard Road, Larne BT40 1AU**  
**Tel no: 02828277979**  
**Inspector: Michael Lavelle**

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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.

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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 87 patients.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Larne Care Centre</p> <p><b>Responsible Individuals:</b> Colin Nimmon Frederick Michael Stewart</p>	<p><b>Registered Manager and date registered:</b> Leslie Stephens 3 October 2014</p>
<p><b>Person in charge at the time of inspection:</b> Leslie Stephens</p>	<p><b>Number of registered places:</b> 87</p> <p>A maximum of 31 patients accommodated within category NH-DE and a maximum of 25 patients accommodated within category NH-LD/LD(E). There shall be a maximum of 3 named residents receiving residential care in category RC-I.</p>
<p><b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. LD – Learning disability. 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.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 76</p>

### 4.0 Inspection summary

An unannounced inspection took place on 13 November 2019 from 08.45 hours to 16.00 hours and 14 November 2019 from 09.45 hours to 14.35 hours

This inspection was undertaken by the care inspector supported if applicable by the estates inspector.

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

The inspection assessed progress with all areas for improvement identified in the home 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.

Evidence of good practice was found in relation to staffing, training, adult safeguarding, the décor of the home, communication between residents, staff and other key stakeholders, the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives, taking account of the views of patients, management of incidents and maintaining good working relationships.

Areas requiring improvement were identified in relation to staff recruitment, staff supervision and appraisal, substances hazardous to health, management of infections, patient centred evaluation of care and staff meetings.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them and staff during the inspection, are included in the main body of this report.

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
<b>Total number of areas for improvement</b>	2	4

Details of the Quality Improvement Plan (QIP) were discussed with Leslie Stephens, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent inspection dated 17 June 2019

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 17 June 2019. No further actions were required to be taken following the most recent inspection on 17 June 2019.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including estates issues, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff for week commencing 11 November 2019
- staff training records
- incident and accident records
- two staff recruitment and induction files
- four patient care records
- a selection patient care charts including food and fluid intake charts, personal care records, and reposition charts
- a sample of governance audits/records
- staff supervision and appraisal planner
- nurse in charge competencies
- minutes of staff meetings
- complaints record
- compliments received
- a sample of reports of visits by the registered provider
- evidence of fire drills
- agency staff induction records
- annual quality report
- fire risk assessment
- legionella risk assessment
- fire drill records and unwanted alarm records
- mechanical & electrical service records and daily, weekly & monthly user check records
- LOLER thorough examination reports for hoists, slings and passenger lift
- fixed electrical installation certification
- Gas Safe certification and service records
- RQIA registration certificate.

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

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspections

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (1) (a)(b)</p> <p><b>Stated:</b> Second time</p>	<p>The registered persons shall ensure the following in relation to the provision of pressure area care to patients:</p> <ul style="list-style-type: none"> <li>• That care plan(s) are in place which prescribe the required pressure area care and refer, if appropriate, to the use of any pressure relieving equipment. The required settings/operating instructions for such equipment should also be available within the care record, as appropriate.</li> <li>• That all supplementary repositioning records are completed contemporaneously, comprehensively and accurately in keeping with legislative and best practice guidance.</li> </ul>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of records confirmed this area for improvement has been met.</p>		
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14.4</p> <p><b>Stated:</b> First time</p>	<p>The registered persons shall ensure that appropriate governance arrangements are in place to allow for the home's adult safeguarding policy being effectively embedded into practice. This shall include, but is not limited to, the timely reporting of potential safeguarding concerns by staff, and the timely referral of potential safeguarding concerns to the ASC and/or HSCT, as appropriate.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of records retained in the home evidenced this area for improvement has been met.</p>		

We reviewed the areas for improvement made as a result of the last premises inspection on 12 May 2016. All were assessed as met.

## 6.2 Inspection findings

### 6.3 Is care safe?

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

On arrival the manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met.

A review of the duty rota for week commencing 4 November 2019 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff. We asked the manager to ensure the first and surname of all staff were clearly written on the duty rota.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patient's needs. Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Patients spoken with indicated that the care they received was good and that they felt safe and happy living in Larne Care Centre.

We reviewed two staff recruitment records. The records confirmed that the appropriate checks had been completed with the applicant to ensure they were suitable to work with older people. Improvements were required with the recording of explanations of gaps in employment history; this was identified as an area for improvement. We examined induction records for agency staff who work in the home. Records confirmed staff receive a comprehensive induction before commencing work. One agency staff member was identified as not having received an induction during the morning of the first day of inspection. This was addressed retrospectively by the manager.

Review of records evidenced systems were in place to monitor staffs' registrations with their relevant professional bodies. During review of one personnel file we evidenced one employee who had not registered with the appropriate professional body. This was discussed with the manager for action as required.

Discussion with staff and the manager confirmed that systems were in place for staff training, supervision and appraisal. Most staff received an annual performance appraisal with dates planned for staff who have not completed this to date. Review of staff supervision evidenced that twice yearly supervisions were not being completed for all staff. To ensure supervision and appraisal requirements are met, an area for improvement was made. We asked the manager to ensure all supervisory staff complete training in supervision and performance appraisal. This will be reviewed at a future care inspection.

Records reviewed confirmed some nurse in charge competencies were overdue. This was discussed with the manager who confirmed plans were in place to complete these before the end of December 2019.

This will be reviewed at a future care inspection.



Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

We reviewed a selection of accidents/incidents records since January 2019 in comparison with the notifications submitted by the home to RQIA. Records were maintained appropriately. We identified one incident which had not been notified. This was discussed with the manager who agreed to submit this retrospectively.

Records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. If required, an action plan was devised to address any identified deficits. This information was also reviewed as part of the monthly monitoring visits.

Observation of practice, discussion with staff and review of records evidenced that infection prevention and control (IPC) measures were generally well adhered to. Most staff were knowledgeable in relation to best practice guidance with regards to hand hygiene and use of personal protective equipment (PPE) and were observed to wash their hands/use alcohol gels and use the correct PPE at appropriate times. We did observe a small number of instances where IPC best practice guidance was not adhered to. These were discussed with the manager for action as required. This will be reviewed at a future care inspection.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be clean, warm and decorated to a high standard. Fire exits and corridors were observed to be clear of clutter and obstruction. A small number of environmental deficits were highlighted to the manager for action as required.

During review of the environment we observed a door to a cupboard that stored chemicals to be unlocked. This was raised with the regional manager who arranged for this to be fixed. In addition, domestic cleaning trollies which contained cleaning chemicals were not supervised at all times. We reminded staff of the importance of ensuring substances hazardous to health are safely stored at all times. An area for improvement was made.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, training, adult safeguarding and the décor of the home.

### **Areas for improvement**

Three new areas for improvement was identified in relation to staff recruitment, staff supervision and appraisal and substances hazardous to health.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	2



## 6.4 Is care effective?

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

Feedback from both the manager and staff confirmed that there was a handover meeting at the beginning of each shift; staff stated they were able to discuss and review the on-going needs of patients during these meetings.

Review of care records evidenced a high level of multi-disciplinary working and collaboration with professionals such as general practitioners, ophthalmologists, occupational therapists, opticians, physiotherapists and speech and language therapists (SALT).

Records reviewed clearly evidenced that staff regularly communicated with patients' families or representatives and also used a range of risk assessments to help inform the care being provided.

We examined the management of patients who had falls. Review of one unwitnessed fall where the patient sustained a head injury evidenced a risk assessment was completed post fall and the patients care plan was contemporaneously updated. Appropriate actions were taken following the fall in keeping with best practice guidance.

Wound care, which was being provided to an identified patient, was also considered. Wound care documentation evidenced that podiatry had been involved in the patients' care and treatment and recommendations made had been incorporated into the patients care plan. There was evidence of good observation and treatment of the wound. However, the evaluation of care delivered was not consistently recorded. This was discussed with the manager who agreed to address this with the registered nurses. This will be reviewed at a future care inspection.

Patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. Patients and staff confirmed that they had 24 hour access to food and fluids. We received mixed comments regarding the food in the home. Patient's said,

“The food is very good. I feel like it is home.”

“The food they make wouldn't appeal to me, like things with spices.”

Review of a patient with an infection confirmed involvement from the patient's general practitioner and prescription of an antibiotic. However, an appropriate care plan was in place to direct care. This was discussed with the manager and an area for improvement was made.

Whilst it was positive to see evidence of patient centred care plans and care evaluations, some of the records contained repetitive nursing entries with some evaluations of care not personalised. This was discussed with the manager who agreed to discuss this with registered nursing staff. An area for improvement was made.

Reviews of supplementary care charts such as food and fluid intake, repositioning and personal care records evidenced these were well completed. Minor gaps in recording were identified in one care record. This was discussed with the manager who agreed to raise this with staff as required.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted with demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

Discussion with the manager and review of records confirmed that staff meetings were not held on at least a quarterly basis for all staff. This was discussed with the manager who agreed to schedule staff meeting for the next 12 months to ensure staff meetings are held on a regular basis. An area for improvement was made.

We reviewed the annual quality report issues in March 2019. We asked the manager to review this to ensure it captured the views of the patients, relatives and staff to ensure it is in keeping with regulations and standards. This will be reviewed at a future care inspection.

### Areas of good practice

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

### Areas for improvement

Three new areas for improvement were identified in relation to management of infections, patient centred evaluation of care and staff meetings.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

#### 6.5 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.**

We arrived at the home at 08.45 hours and were greeted by the manager who was friendly and welcoming. Some patients were in their bedrooms; some had been assisted to wash and dress, whilst others remained in bed, in keeping with their personal preference or their assessed needs. Other patients were enjoying breakfast in the dining room or a cup of tea in one of the many bright and spacious lounges.

There was a relaxed atmosphere in the home. Staff were very knowledgeable regarding patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely with care delivered in an unrushed manner. Patients were afforded choice, privacy, dignity and respect.

Discussion with patients and staff and review of the activity programme displayed in the home evidenced that arrangements were in place to meet patients' social and spiritual needs within the home. The manager confirmed they are reviewing the provision of activities due to the absence of the activity co-ordinator. Patients said they enjoyed the activities particularly pet therapy and music. Patient's comments included;

"There is entertainment every so often, singing, dancing, things like that. I love it. I had a great time yesterday, I played bowls."

“The staff offer to take me up for activities but I am not one for mixing.”

The environment in the home had been adapted to promote positive outcomes for the patients. Many of the bedrooms were personalised with possessions that were meaningful to the patients and reflected their life experiences. We did observe one bedroom that appeared to be less personalised. This was discussed with the manager who agreed to discuss this with patients' families with a view to addressing this.

We observed the serving of the midday meal. Patients were assisted to the dining area and staff were observed assisting patients with their meal appropriately. Patients appeared to enjoy the mealtime experience and were offered a choice of meals and drinks. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. The staff were observed to be kind and patient in their interactions.

We reviewed the compliments file within the home. Some of the comments recorded included,

“Just a few words of appreciation for the excellent care received by my relative. They were settled with kindness and patience throughout their stay.”

“Just wanted to thank you and your staff for the wonderful care of our relative and the amazing help and support they gave us as a family. We wouldn't have been able to carry on without your compassion, care and humour.”

We spoke with 21 patients individually, and with others in smaller groups who told us they were happy and content living in Larne Care Centre. Patients said,

“I really like it. Everything is perfect.”

“I love it here.”

“The staff are nice.”

“I am happy. No one treats me bad. I love it.”

“The staff are good to me and I like it.”

“The care is great mainly. I can't fault it. The staff have a good personality. They like us and we like them.”

“I am happy with everything. I feel involved in decisions about my care.”

“The girls are very good. I can't say a word about them. They do their best for you.”

“They are really good to you in here.”

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.

We provided questionnaires in an attempt to gain the views of relatives who were not available during the inspection; we had two responses within the timescale specified. Both respondents were very satisfied with the care provided across all four domains. We spoke with five visitors to the home. Visitors said,

“I am happy with the care my relative receives.”

“It is excellent here. You couldn't ask for any better.”

“My wife is very well cared for here.”

“I have no concerns. Any small issues I would have had in the past were all sorted out straight away.”

“I am happy because my granny is happy here.”

Staff were asked to complete an online survey; we received no responses within the expected timeframe. Nine members of staff were spoken with during the inspection. They all commented positively on working in the home. Staff said,

“I like working with elderly people and I care for them very much.”

“Everyone makes me feel so welcome. It is like a home.”

“It is hard work but I love it here.”

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

### Areas of good practice

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

### Areas for improvement

No new areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.6 Is the service well led?

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

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

We reviewed the statement of purpose and patient guide for the home. We asked that they be amended to accurately reflect the number of patients the home provides care and in what category of care. CCTV had been installed since the last care inspection. We asked that this also be included in the statement of purpose. These changes were made prior to the end of the inspection.

The manager is the person in day to day operation of the home. The manager reported that they were well supported by the staff and management team. A review of the duty rota evidenced that the manager's hours were clearly recorded.

There was evidence of management oversight of the day to day working in the home. A number of audits were completed to assure the quality of care and services; areas audited included the IPC, wounds, care records and accidents and incidents. Audits generated action plans that highlighted areas for improvement and there was evidence that the deficits identified were addressed as

required. The regional manager confirmed the introduction of a new care record audit. Registered nurses commented positively on how useful they have found it. We asked that actions plans generated from audits identify who is responsible for addressing deficits and by when. This in turn should evidence review by senior management. We asked the manager to review the current environmental audit to ensure a robust system is in place. This will be reviewed at a future care inspection.

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

Review of records evidenced that quality monitoring visits were completed on a monthly basis on behalf of the responsible individual in accordance with the relevant regulations and standards.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately in line with best practice guidance. Patients spoken with said they would be confident if they raised a complaint that it would be dealt with accordingly.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

### **Assessment of premises**

The manager shared available relevant documentation with us relating to the premises.

We saw that a current fire risk assessment for the premises was in place and that the significant findings were being addressed in a timely manner. The fire risk assessment was undertaken by a person holding professional body registration for fire risk assessors. The action plan flowing from this risk assessment had been suitably actioned and signed-off by the manager.

We saw that the servicing of the fire detection and alarm system, emergency lighting installation and fire-fighting equipment was being undertaken in accordance with current best practice guidance. The next service of the fire detection and alarm system was now overdue. However, the manager confirmed that this was to be undertaken on the 21 November 2019. Extensive daily, weekly and monthly user checks were being documented and maintained.

A current risk assessment with regard to the control of legionella bacteria in the premises' hot and cold water systems was in place and the significant findings from this assessment had been addressed on 11 July 2019. Again, the servicing of these systems and the user checks were being maintained in accordance with current best practice guidance.

Current certificates with relation to the premises' electrical and gas installations were available for inspection. The certificates indicated that the systems were being maintained in accordance with current best practice guidance.

At the time of the inspection the premises were noted to be clean and were being maintained to a high standard, with clear evidence of on-going maintenance within the premises.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to management of incidents and maintaining good working relationships.

### Areas for improvement

No new areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Leslie Stephens, 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 providers should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	<p>The registered person shall ensure substances hazardous to health are securely stored and appropriately supervised when in use.</p> <p>Ref:6.3</p> <p><b>Response by registered person detailing the actions taken:</b>            Meeting with housekeepers raised the importance of COSHH regulations which included store doors kept locked when not in use, signs already on doors. Cleaning trolleys to stay in close proximity to housekeepers at all times. Advised to take into bedrooms with them or use trolley to prop door open.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 16 (1)  <b>Stated:</b> Firsttime  <b>To be completed by:</b> Immediate action required	<p>The registered person shall ensure that patients have appropriate care plans in place to direct staff in management of their assessed needs.</p> <p>This area for improvement is made in reference to management of infections.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            All nurses have been made aware of importance of care plans required for infections, to include type of infection, how it is being treated and recording of antibiotic therapy. Will be discussed at nurses meeting on 7<sup>th</sup> January.</p>
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 38.3  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure any gaps in an employment record are explored and explanations recorded.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b>            Matrix now in place to ensure all areas for new employees are covered. Any gaps in employment will be discussed during interview and recorded on application form going forward.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 40.2  <b>Stated:</b> First time	<p>The registered person shall ensure all staff have a recorded supervision no less than every six months and annual appraisal. A supervision and appraisal schedule shall be in place, showing completion dates and the name of the supervisor and appraiser.</p> <p>Ref: 6.3</p>



<b>To be completed by:</b> 31 December 2019	<b>Response by registered person detailing the actions taken:</b> Matrix for next year shall include supervision and appraisals, month they are completed will be signed and dated.
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<p><b>Area for improvement 3</b></p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: 14 December 2019</p>	<p>The registered person shall ensure daily evaluation records are meaningful and patient centred.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Nurses all spoken to and detailed notice put up in each nurses station emphasising what should be in care plans, care plan reviews and daily evaluations. E.g. daily evaluations is person centred and reflects the clients activities throughout the day. This will also be discussed at nurse staff meeting on 7<sup>th</sup> January.</p>
<p><b>Area for improvement 4</b></p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 29 February 2020</p>	<p>The registered person shall ensure that staff meetings take place on a regular basis, at a minimum quarterly.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Schedule for staff meetings has been drawn up for 2020 and on board in managers office. All nurses informed of same and heads of department to record in their diaries.</p>

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



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