

Unannounced Care Inspection Report 22 & 23 June 2017



Larne Care Centre

Type of Service: Nursing Home
Address: 46 – 48 Coastguard Road, Larne, BT40 1AU
Tel no: 028 2827 7979
Inspectors: James Lavery

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 85 persons.

3.0 Service details

Organisation/Registered Provider: Larne Care Centre Responsible Individual: Colin Nimmon	Registered manager: Leslie Stephens
Person in charge of the home at the time of inspection: Leslie Stephens	Date manager registered: 3 October 2014
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. LD – Learning disability. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill. Residential Care (RC) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of registered places: 85 comprising: 31 - NH-I, NH-PH, NH-PH(E), NH-TI 31 – NH-DE 23 - NH-LD/LD(E) A maximum of 3 residential places in categories RC-I, RC-PH and RC-PH(E).

4.0 Inspection summary

An unannounced inspection took place on 22 June 2017 from 09.00 to 17.00 hours and 23 June 2017 from 09.05 to 14.00 hours.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to recruitment procedures; staff training; management of accidents and incidents; staff awareness relating to adult safeguarding and the ethos and culture of the home which focused on patient outcomes.

Areas for improvement under regulation were identified in relation to adherence to the Control of Substances Hazardous to Health (COSHH) regulations and record keeping in relation to the planning and delivery of care. Areas for improvement under standards included the condition of some internal furnishings and the storage of equipment impacting infection prevention and control (IPC) standards; the secure management of nursing stations; the dining experience of patients and communication between staff.

Patients said that they were well cared for and expressed confidence in the ability and willingness of staff to meet their care needs. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection. Comments from relatives and staff in relation to the delivery of care are discussed further in sections 6.4 and 6.6.

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

The findings of this report will provide the homewith the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	6

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 19 May 2017

The most recent inspection of the home was an unannounced finance management inspection undertaken on 19 May 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the previous financial inspection
- the returned QIP from the previous financial inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit

The inspector met with 11 patients, 15 staff and two patients' relatives/representatives. Questionnaires were also left in the home to obtain feedback from patients; patients' relatives/representatives and staff not on duty during the inspection. Ten questionnaires for staff not on duty, ten for patients' relatives/representatives and eight for patients were left for distribution.

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

The following records were examined during the inspection:

- duty rota for all staff from 12 June to 25 June 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2016/17
- incident and accident records
- one staff recruitment and induction file
- induction and orientation records for agency registered nurses and care staff
- minutes of staff and patient/relatives meetings
- three patients' care records
- the matrix for staff supervision and appraisal
- a selection of governance audits relating to accidents, bedrails, wounds, care records
- complaints records
- adult safeguarding records
- RQIA registration certificate
- certificate of public liability
- a sample of personal emergency evacuation plans (PEEPS)
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

Areas for improvement identified at the last careinspection were reviewed and assessment of compliance recorded as met or not met.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 19 May 2017

The most recent inspection of the home was an unannounced finance inspection. The completed QIP was returned and approved by the financeinspector.

6.2 Review of areas for improvement from the last care inspection dated 29 December 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 41.2 Stated: First time	It is recommended that the registered manager ensures that, at all times, there are staff working in the nursing home in such numbers as are appropriate for the health and welfare of patients.	Met
	Action taken as confirmed during the inspection: A review of the staffing rotas from 12 June to 25 June 2017 and discussion with the registered manager evidenced that planned staffing levels were generally adhered to. Feedback received from the area manager, registered manager and a number of staff regarding staffing levels is discussed further in section 6.4.	

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure that the assessed needs of the patients were met. A review of the staffing rotas from 12 June to 25 June 2017 evidenced that the planned staffing levels were generally adhered to. The registered manager confirmed that contingency measures were in place and adhered to following any episodes of staff sickness. While observation of the delivery of care provided assurance that patients' needs were met by the levels and skill mix of staff on duty, discussion with staff evidenced concerns in relation to staffing levels, specifically within the Ballygally unit. Some staff comments in relation to this matter included the following:

"There's not enough staff."

"... are very understaffed ... dependency has increased."

"We're understaffed."

"...not enough staff on duty in this unit."

Feedback from one patient's relative/representative via questionnaire also included the following comment:

"I feel that sometimes they are understaffed and don't have the same time to care as they would like."

All feedback concerning staffing which was received during the inspection was shared with the area manager and registered manager at the conclusion of the inspection for review and action as appropriate. The registered manager confirmed that at present, the home has two full time registered nurse vacancies and two full time care staff vacancies. Attempts to recruit staff for these vacancies were confirmed by the registered manager to be ongoing. The registered manager also advised that contingency plans to ensure adequate and effective staffing levels within the home included the following measures: 'block' booking staff with nursing agencies when possible; ensuring that experienced permanent staff were deployed throughout the home daily in order to support agency staff; utilising available 'bank' staff when available. The area manager stated that the increasing dependency of patients had been brought to the attention of senior management in an effort to increase staffing levels. Following the inspection, the area manager subsequently informed the inspector that an additional member of care staff will be on duty within the Ballygally unit from 09.00 to 13.00 hours daily. The impact of this upon the delivery of patient care will be reviewed at subsequent care inspections.

Review of training records indicated that training was planned to ensure that mandatory training requirements were met. Additional training was also provided, as required, to ensure staff were enabled to meet the assessed needs of the patients. Staff demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice. Two care staff did highlight training requests which were relevant to their role. This was discussed with the registered manager for further review and action as appropriate.

A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. The registered manager confirmed that an 'adult safeguarding champion' was identified for the home.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. A number of weaknesses relating to the environment were identified. Personal protective equipment (PPE) comprising five rolls of disposable aprons were observed to be placed along corridor hand rails within the Ballygally unit despite the presence of wall mounted units which were available for their storage. Observation of a communal toilet area within the same unit also highlighted two containers of urinalysis strips left within an unlocked wall mounted cabinet. Further shortfalls with regards to IPC were also observed in relation to the cleaning of shower equipment following patient use. The underside of four shower chairs and one shower perching stool were found to be ineffectively cleaned. These deficits consequently impacted the ability of staff to deliver care in compliance with IPC best practice standards and guidance.

An area for improvement under standards was highlighted. In addition, deficits relating to the upkeep of equipment/furniture were also observed. A commode within a communal bathroom was observed to be missing an armrest and was therefore unsafe for patient use. This was highlighted to the registered manager who immediately had the equipment removed from the area. Furthermore, a cabinet within the Carnlough unit and seating within the Glenarm unit were also observed to be in a state of disrepair. These weaknesses were highlighted to the registered manager who acknowledged that these areas required attention. An area for improvement under standards was identified.

A deficit was also identified with regards to the nursing station within the Carnlough unit which was observed to be left unattended and unlocked thereby providing potential access for patients. As such, this placed patients who may have entered the office unattended at risk of harm. An area for improvement under standards was highlighted to the registered manager.

During a review of the environment the inspector identified nine areas throughout the home where patients could potentially have had access to harmful chemicals. This was discussed with the registered manager and an area for improvement under regulation was identified to ensure Control of Substances Harmful to Health (COSHH) regulations were adhered too. The areas identified on inspection were addressed before conclusion of the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to promoting a culture of teamwork within the home; adult safeguarding and fire safety practices.

Areas for improvement

Areas for improvement were identified under regulations in relation to compliance with COSHH regulations. Areas for improvement under standards were highlighted with regards to compliance with IPC standards and best practice; the upkeep of equipment and interior décor; the secure management of nursing stations.

	Regulations	Standards
Total number of areas for improvement	1	3

6.5 Is care effective?

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

All grades of staff consulted demonstrated awareness of the need to communicate effectively with the patients, their colleagues and with other healthcare professionals. Staff who were spoken with stated that there was generally effective teamwork within the home with each staff member knowing their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and / or the registered manager.

Discussion with the registered manager and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each morning shift. Although staff confirmed that the shift handover was necessary for providing information regarding any changes in patients' conditions, staff feedback nevertheless evidenced that not all care staff knew they had to attend the shift handover. Feedback from some care staff indicated that they were occasionally updated in relation to patients' care needs from other care staff rather than nursing staff on duty. The lack of a clearly established process which ensures effective staff communication at the beginning of each shift and which is embedded into practice was highlighted to the registered manager and an area for improvement under standards was highlighted.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. The registered manager also stated that 'department head' meetings were also conducted at which the nursing sisters and the deputy manager within the home are in attendance. While staff confirmed that such meetings were held and that the minutes were made available, some staff did express a desire for meetings to occur more frequently. All staff comments relating to staff meetings were shared with the registered manager at the conclusion of the inspection for further consideration and action as appropriate.

The home uses a combination of electronic and paper based systems for patients' record keeping. Care records evidenced that a range of validated risk assessments were used and informed the care planning process. There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT). Care records also evidenced regular communication with patients' relatives/representatives when appropriate.

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

Weaknesses were identified in the delivery of effective care specifically in relation to recording the nursing management of percutaneous endoscopic gastrostomy (PEG) tubes. Electronic care records for one patient who was assessed as requiring enteral feeding did not reflect that nursing care was being delivered in compliance with recommendations made by healthcare professionals in relation to specific care and treatment. Electronic care records on two different dates did not evidence that the patient's required fluid intake was being adhered to. Discussion with the registered manager and nursing staff also highlighted that staff were unclear as to whether they should use the patient's electronic or paper records when documenting the delivery of such care. Care records for this patient also highlighted that the care plan which prescribed enteral care was incorrect and did not accurately reflect the written advice which was also present from the patient's dietician. Although other supplementary records did not indicate that the patient was at risk, these deficits were identified as areas requiring improvement under regulation. The importance of ensuring that all staff are aware of where to record the delivery of care was also stressed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the timely provision of patient care plans; the holistic assessment of patients' care needs and communication between residents and family members;

Areas for improvement

Two areas for improvement under regulations were identified in relation to the accuracy of care plans and recording the delivery of care. An area for improvement under standards was also highlighted with regards to effective communication between staff during hand over meetings.

	Regulations	Standards
Total number of areas for improvement	2	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff interactions with patients were observed to be compassionate, caring and generally timely. Patients were afforded choice, privacy and respect. Patients were very positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance.

Feedback received from a number of patients during the inspection included the following comments:

- "I like it here."
- "The nurses work very hard."
- "The home is good."
- "The staff are very nice ... no complaints."
- "I'd recommend it ... they look after me very well."
- "It's marvellous."
- "It's the best place to be."

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

In addition to speaking with patients, relatives and staff, RQIA provided 10 questionnaires for staff who were not on duty to complete, 10 for patients' relatives/representatives and eight for patients. At the time of writing this report, five patients; six patients' relatives/representatives and nine staff had returned their questionnaires. All respondents stated that they were either 'Satisfied' or 'Very satisfied' with the care being provided.

Comments from patient questionnaires included:

“Leslie is a marvellous, compassionate manager.”

Observation of the lunch time meal throughout the home evidenced that patients were given a choice in regards to the meals being served. All dining areas throughout the home appeared to be clean, tidy and appropriately spacious for patients and staff. Staff demonstrated a good knowledge of patients’ wishes, preferences and assessed needs as identified within the patients’ care plans and associated SALT dietary requirements. All patients appeared content and relaxed in their environment. Weaknesses were observed with regards to the timely delivery of care to patients requiring assistance with eating and drinking. One male patient was observed to have his lunch served to him despite appearing to be asleep in his chair. The meal remained in front of the patient for ten minutes without staff providing any assistance or removing the meal to be served at a more appropriate time. Furthermore, a female patient who required assistance with eating and drinking was also observed to wait for five minutes after her meal was served before care staff assisted her with eating the meal. The need to ensure that staff only serve meals when they are available to assist patients with eating and drinking was stressed and an area for improvement under standards was identified.

The home currently employs two members of staff as activity therapists. Observation of planned activities during the inspection along with feedback from patients and staff evidenced that this emotional and social stimulation is greatly appreciated by patients. Feedback from a number of staff did highlight concerns in relation to the lack of activities and social stimulation for patients.

Comments from staff and patients’ relatives in relation to this matter included:

- “There’s not enough going on.”
- “Activities are poor.”
- “Absolutely not enough stimulation.”
- “Not enough activities.”

It was further noted that activity therapy staff are encouraged to assist patients with their meals and then record such assistance using an ‘activity record.’ This was discussed with the registered manager and area manager and it was stressed that while patients’ activities should be varied and patient centred, a clear distinction should be maintained between the provision of personal care and activity therapy. This will be kept under review during future care inspections.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, promoting patient dignity and privacy and staff interaction with patients.

Areas for improvement

An area for improvement under standards was highlighted in regards to the dining experience of patients.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

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

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. All staff who were spoken with were able to describe their roles and responsibilities.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager evidenced that the home was operating within its registered categories of care. Following the inspection, the number of registered places within the home has increased from 85 to 87 due to an application to increase category NH-LD/LD(E) from 23 to 25. This application has been received and approved by RQIA following the inspection.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, weekly audits were completed by the registered manager in relation to the dependency level of patients; maintenance issues and supplementary care charts. However, a review of records identified that these audits were not completed in the registered manager's absence during a period in May 2017. This was discussed with the registered manager and it was agreed that this will be delegated to the deputy manager in the registered manager's absence. An area for improvement under standards was identified.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to appropriate staff in a timely manner.

Discussion with the registered manager and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately. A review of the complaints records confirmed that they were being appropriately recorded and managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005.

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

The registered manager confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis or as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints; governance processes relating to the management of incidents and accidents and promoting staff morale within the home.

Areas for improvement

Areas for improvement under standards were identified in relation to governance arrangements for quality assurance and service delivery.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations(Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (a)(c) Stated: First time To be completed by: With immediate effect	<p>The registered persons must ensure that chemicals are stored in keeping with COSHH regulations.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: During inspection systems were put in place to ensure compliance with COSHH regulations. External Contractor was also spoken to re COSHH signage on door. A Daily Audit is now in place and is included in the Managers Audit.</p>
Area for improvement 2 Ref: Regulation 12, (1) (a) (b) (c) Stated: First time To be completed by: With immediate effect	<p>The registered persons must ensure that the care records for all patients requiring enteral feeding via a PEG tube accurately reflect the care being delivered in compliance with legislative requirements and best practice guidance.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Enteral feeding for clients was compliant with the Dietitians regime. However, with the introduction of the new computer software for care plans, the charts regime was not reflective on the system. This is being monitored and is recorded on the managers weekly audit.</p>
Area for improvement 3 Ref: Regulation 16 (1) (2) (b) Stated: First time To be completed by: 6 July 2017	<p>The registered persons must ensure that all patient care plans accurately reflect the prescribed care and treatment which should be delivered in compliance with recommendations made by the multidisciplinary care team, specifically those patients requiring enteral feeding via a PEG tube.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Care Plans now reflect the MDTs recommendations.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 20 July 2017</p>	<p>The registered persons shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: All staff were made aware of their responsibility to ensure all equipment is thoroughly clean after use. Cleaning regimes are now included on the managers weekly audit.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 35; Standard 44.</p> <p>Stated: First time</p> <p>To be completed by: 20 July 2017</p>	<p>The registered persons shall ensure that the home environment and patient equipment is well maintained and fit for purpose, specifically in relation to those areas identified on inspection.</p> <p>Ref: Section 6.4.</p> <p>Response by registered person detailing the actions taken: On day of inspection the faulty equipment identified was removed immediately. Any identified improvements have been actioned.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 20 July 2017</p>	<p>The registered persons shall ensure that the nursing station within the Carnlough unit is locked when not in use to prevent patients accessing the area unaccompanied.</p> <p>Ref: Section 6.4.</p> <p>Response by registered person detailing the actions taken: Key pad was already on nursing station door but was left open. Staff all made aware of importance to close same.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 19 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons shall ensure that all staff are aware of the need to attend a handover meeting at the commencement of their shift and that attending such meetings is embedded into practice throughout the home.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: Practice within each unit has been reviewed - all staff now attend handover. This will be monitored.</p>

<p>Area for improvement5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by:With immediate effect</p>	<p>The registered persons shall ensure that patients are assisted in a timely manner at all times with eating and drinking.</p> <p>Ref: Section 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: Staff are aware and have been reminded of the importance of assisting clients with their meals in a timely manner.</p>
<p>Area for improvement6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 20 July 2017</p>	<p>The registered persons shall ensure that all audit processes are managed effectively in order to ensure that the home delivers services effectively in accordance with legislative requirements, minimum standards and current best practice.</p> <p>Ref: Section 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: Audits are carried out on an ongoing basis by the Manager. The Manager has had a Head of Department meeting to ensure compliance with audits in his absence.</p>

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



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