



Unannounced Care Inspection Report 26 November 2018



Larne Care Centre

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

www.rqia.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 and residential care for up to 87 persons.

3.0 Service details

Organisation/Registered Provider: Larne Care Centre Responsible Individual: Colin Nimmon	Registered manager: Leslie Stephens
Person in charge at the time of inspection: Upon arrival: Staff Nurse Regina Afolabi 07.30 hrs onwards: 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. 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. TI – Terminally ill.	Number of registered places: 87 A maximum of 31 patients accommodated within category NH-DE and a maximum of 25 patients accommodated within category 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 26 November 2018 from 06.45 to 14.00.

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 Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last 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 monitoring the professional registration of staff, the provision of staff training, wound care and the management of behaviours which challenge. Further areas of good practice were also noted in regards to staff handovers, monthly monitoring visits, meeting the spiritual needs of patients and the management of complaints.

Areas for improvement under regulation were identified in relation to the management of safeguarding incidents and the repositioning of patients.

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.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*2	0

*The total number of areas for improvement includes one regulation which has been stated for a second time.

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 1 November 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 1 November 2018. 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 may include information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the previous care inspection report
- the returned QIP from the previous care inspection
- pre-inspection audit

During the inspection the inspector met with 17 patients, 1 patient's relatives and eight staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to

provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

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

The following records were examined and/or discussed during the inspection:

- 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 2017/18
- accident and incident records
- three patients' care records
- a selection of governance audits
- adult safeguarding records
- notifiable incidents to RQIA
- RQIA registration certificate
- 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.

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 1 November 2018

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

6.2 Review of areas for improvement from the last care inspection dated 15 and 16 May 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a)(c) Stated: Second time To be completed by: With immediate effect	The registered person shall ensure that chemicals are stored in keeping with COSHH regulations.	Met
	Action taken as confirmed during the inspection: Observation of the environment evidenced that chemicals were stored in keeping with COSHH regulations with the exception of one item. This was immediately highlighted to staff who were standing in close vicinity to the item and the product was removed appropriately. The need for staff to remain vigilant in regards to ensuring ongoing compliance with COSHH regulations was stressed.	
Area for improvement 2 Ref: Regulation 27 (4) (b) (c) (d) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that adequate precautions against the risk of fire are taken and that best practice guidance in relation to fire safety is embedded into practice.	Met

	<p>Action taken as confirmed during the inspection: Observation of the environment and staff practices confirmed that adequate precautions against the risk of fire had been taken. It was noted following the inspector's arrival that an item of furniture was in front of three patients' bedroom doors which may have prevented them from closing effectively; two of these doors were fitted with automatic closure devices. This was discussed with the registered manager who ensured that the items of furniture were repositioned more appropriately and advised that there is an ongoing programme of fitting automatic closure devices to all doors as necessary. This information was shared with the RQIA estates team following the inspection. All corridors, fire exits and stairwells were noted to be free from obstruction throughout the inspection. It was confirmed with the registered manager that he conducts a daily walk around the home to monitor/ensure that doors are not inappropriately wedged open or prevented from closing effectively.</p>	
<p>Area for improvement 3 Ref: Regulation 13 (4) Stated: First time To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all medicines are stored safely and securely within the home at all times.</p> <p>Action taken as confirmed during the inspection: Observation of the environment confirmed that medicines were stored safely and securely within the home. One topical medicine was noted to be stored inappropriately and this was immediately highlighted to staff who removed it. The need for staff to remain vigilant with regards to the correct storage of all topical medicines was highlighted.</p>	Met
<p>Area for improvement 4 Ref: Regulation 13 (1) (2) (3) Stated: First time To be completed by:With immediate effect</p>	<p>The registered person shall ensure that all that all staff practices within the home are person centred, specifically, assisting patients into and out of bed in keeping with expressed preferences and/or assessed needs. All such interventions should be clearly and consistently evidenced within the nursing record.</p>	Met

	<p>Action taken as confirmed during the inspection:</p> <p>Upon arrival to the home, the majority of patients were asleep or resting in bed. Two patients within one unit were observed to be awake and dressed appropriately within a communal area at 07.05 hours. Both patients were spoken with by the inspector and confirmed that they were happy to be out of bed. Nursing staff were observed serving both patients a light snack at 07.15 hours. Review of sleeping records which night duty nursing/care staff complete, confirmed that the time and reason for any patients getting out of bed before 08.00 hours was recorded consistently. Discussion with five night duty staff further confirmed that they had a good awareness of the need to ensure that patients are only assisted out of bed in keeping with their assessed needs and preferences. All comments from staff in relation to the assisting of patients to/from bed were shared with the registered manager.</p>	
<p>Area for improvement 5</p> <p>Ref:Regulation 13 (1) (a)(b)</p> <p>Stated: First time</p> <p>To be completed by:With immediate effect</p>	<p>The registered person shall ensure the following in relation to the provision of pressure area care to patients:</p> <ul style="list-style-type: none"> • 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. • That all supplementary repositioning records are completed contemporaneously, comprehensively and accurately in keeping with legislative and best practice guidance. <p>Response Action taken as confirmed during the inspection:</p> <p>Review of the care record for one patient who required regular repositioning highlighted that electronic records did confirm the frequency with which the patient should be repositioned by staff. Nursing staff had also completed and reviewed a pressure sore risk assessment in a timely manner. However, there was no care plan in place which informed staff that the patient required regular repositioning care or</p>	<p>Not met</p>

	<p>that the patient was on bed rest. In addition, review of supplementary (paper) repositioning records highlighted that the frequency with which the patient should be repositioned was not recorded. While discussion with nursing staff confirmed that there were no concerns about the patient’s pressure areas, and that the patient had received breakfast while in bed that morning, review of the paper repositioning record highlighted that day duty staff had not completed the repositioning record in a contemporaneous manner. Review of electronic repositioning records further highlighted an inconsistent approach by staff in relation to the required repositioning of the patient.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1 Ref: Standard 44 Stated: First time To be completed by:With immediate effect</p>	<p>The registered person shall ensure that the premises are safe, well maintained and remain suitable for their stated purpose, specifically, those deficits highlighted during this inspection.</p> <p>Response Action taken as confirmed during the inspection: Observation of the environment confirmed that the deficits highlighted during the previous care inspection had been satisfactorily addressed.</p>	<p>Met</p>

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 a monthly review to ensure that the assessed needs of patients were met. Discussion with the registered manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary. Discussion with patients and staff provided assurances that they had no concerns regarding staffing levels.

Discussion with the registered manager and review of governance records evidenced that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through a process of both supervision and appraisal. Discussion with staff highlighted that they felt supported by the registered manager. Feedback from staff included the following comments:

“... no concerns in here.”

“(the registered manager) is a great manager.”

Discussion with the registered manager indicated that training was planned to ensure that mandatory training requirements were met. Additional face to face training was also provided, as required, to ensure staff were enabled to meet the assessed needs of patients. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Staff awareness in regards to adult safeguarding is discussed further below within this section of the report.

The registered manager confirmed that he completed an audit of falls on a monthly basis including the number, type, place and outcome of falls which were analysed to identify patterns and trends. The registered manager advised that action plans were in place to address any deficits identified.

Discussion with the registered manager evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager also confirmed that an ‘adult safeguarding champion’ (ASC) was identified for the home. The registered manager advised that the ASC position report would be compiled within expected timescales and provided evidence that this information is regularly compiled and reviewed by the ASC. The registered manager confirmed that mandatory adult safeguarding training for staff was ongoing and the majority of staff who were spoken with demonstrated effective knowledge of their specific roles and responsibilities in relation to adult safeguarding, specifically their obligation to report concerns. However, discussion with one member of staff did highlight safeguarding concerns in relation to two identified patients which had potentially occurred prior to the inspection. Discussion with the staff member and registered manager, in addition to review of available safeguarding records, highlighted deficits in regards to the reporting of one of these incidents by a staff member and the lack of any subsequent referral to the ASC and/or Health and Social Care Trust (HSCT), in relation to both incidents. Weaknesses were also noted with regards to effectively maintaining governance records relating to one of the potential safeguarding incidents. As a result, the registered manager was requested by the inspector to make all necessary referrals to the Health and Social Care Trust representatives for both identified patients on the day of the inspection in keeping with existing safeguarding processes. An area for improvement under regulation was made. Following the inspection, the registered manager and ASC confirmed that both safeguarding incidents were being investigated and that all relevant parties had been appropriately informed.

Review of notification records evidenced that all notifiable incidents were reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005. Following the inspection, notifications were received from the registered manager in regards to the safeguarding incidents mentioned in the preceding paragraph.

Discussion with the registered manager and review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). Records confirmed that the registered manager had reviewed the registration status of staff on a monthly basis.

An inspection of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients’ bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients’ bedrooms, were personalised with photographs, pictures and personal items. It was positive to note that the home features provision of ‘The Maiden’s Café’ for patients and visitors in which tea/coffee facilities are available throughout the week. One activities room was noted to be cluttered with several mobility aids and two large chairs. This was highlighted to the registered manager who confirmed before completion of the inspection that he had contacted the relevant HSCT concerning collection and/or removal of these items. In addition, a portion of the ceiling in one communal lounge was visibly stained. The registered manager confirmed that this was scheduled to be addressed and was referenced within a refurbishment plan which was provided RQIA upon request, following the inspection. The ongoing completion of this plan will be reviewed during a future care inspection.

Deficits with regards to the delivery of care in compliance with infection, prevention and control best practice standards were noted, namely: a lack of effective hand washing was observed with one staff member, the presence of unlaminated signage in two areas, one chair used by nursing/care staff was worn and frayed, and the inappropriate disposal of Personal Protective Equipment (PPE) by staff. These deficits consequently impacted the ability of staff to deliver care in compliance with IPC best practice standards and guidance. The registered manager advised that the identified staff member was spoken with concerning effective hand washing before completion of the inspection and that unlaminated signage would be removed with immediate effect. The registered manager further confirmed that a replacement for the identified chair had been ordered. It was also agreed that the registered manager would continue to monitor the appropriate disposal of PPE by staff on a daily basis. These highlighted areas 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 monitoring the professional registration of staff and the provision of staff training.

Areas for improvement

An area for improvement under regulation was highlighted in regards to the management of adult safeguarding incidents.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

Discussion with staff and the registered manager evidenced that nursing/care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' conditions and that they were encouraged to contribute to the handover meeting.

The majority of staff who were spoken with stated that that if they had any concerns, they could raise these with their line manager and/or the registered manager. Shortfalls with regards to the timely reporting of one potential safeguarding incident is discussed in section 6.4. Staff spoke positively about working within the home. Some staff comments included the following:

"I love working here."

"It's very good here ... I've no concerns about the care."

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

There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, psychiatrists and other mental health professionals, as required. Regular communication with representatives within the daily care records was also found. Review of several care records evidenced that a range of validated risk assessments were used and informed the care planning process. The home currently employs the use of an electronic recording system for completing the majority of patients' care records although some aspects of care delivery also involve the completion of hard (paper) copies.

The delivery of wound care was reviewed for one identified patient. It was positive to note that nursing staff had completed a comprehensive and person centred care plan in a timely manner and had regularly reviewed it. Supplementary care records were also found to be in place and accurately described the provision of wound care to the patient. One supplementary wound care record was noted to lack any measurement of an identified wound; the need to ensure that all required sections of supplementary wound care records are completed each time a wound is reviewed by nursing staff was highlighted to the registered manager.

The management of behaviours which challenge was also considered. Review of care records for one patient who presented with behaviours which staff may find challenging evidenced a detailed and person centred care plan which included a description of relevant and proportionate interventions and strategies for staff to use. This practice is commended. The care record also provided assurance that nursing staff were engaging with the patient's psychiatrist and the HSCT behaviour specialist team appropriately. Some staff did express to the inspector that managing behaviours which are challenging can be difficult and stressful at times. These comments were shared with the registered manager who provided assurance that there is an ongoing training programme for staff which includes managing behaviours which challenge and dementia care. Feedback from staff and the registered manager also provided assurance that nursing/care staff felt able to approach the registered manager if they were concerned in regards to this aspect of care delivery for patients.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to wound care and the management of behaviours which challenge.

Areas for improvement

One area for improvement in relation to the repositioning of patients was stated for a second time.

	Regulations	Standards
Total number of areas for improvement	0	0

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, timely and caring. All patients were positive in their comments regarding the staffs’ ability to deliver care and respond to their needs and/or requests for assistance. Discussion with the registered manager and staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner.

Feedback received from several patients during the inspection included the following comments:

- “The girls are alright.”
- “I’m very well looked after.”
- “The staff are very kind.”
- “The girls treat me well.”

Feedback received from one patient’s relative during the inspection included the following comment:

- “(the patient) ... is well looked after.”

In addition to speaking with patients, patients’ relatives and staff, RQIA provided 10 questionnaires for patients and 10 questionnaires for patients’ relatives/representatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

At the time of writing this report, no questionnaires have been returned within the specified timescales. Questionnaire comments received after specified timescales will be shared with the registered manager as necessary.

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.

There were systems in place to obtain the views of patients and their representatives in relation to the delivery of care and the management of the home. Referencing patient and patients' relative/representative feedback within the home's annual quality report is discussed in section 6.7.

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.

The home also provides patients with access to various items, such as confectionary, which they can purchase from 'Our Wee Shop' located on the first floor of the premises and which is open on Friday afternoons or by arrangement. Feedback from staff evidenced good awareness of the need to ensure a proactive approach to the socialisation of patients.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff handovers and meeting the spiritual needs of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. The majority of staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised. In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The registered manager confirmed that there was a system in place to ensure that policies and procedures for the home were systematically reviewed on a three yearly basis.

The registration certificate was up to date and displayed appropriately. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

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. It was also confirmed with the registered manager that any expression of dissatisfaction should be recorded appropriately as a complaint.

Discussion with the registered manager and a 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.

Discussion with the registered manager confirmed 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.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to: the dining room experience, wound care, the internal environment and care plans. The registered manager stated that these audits were delegated to appropriate staff for completion and then reviewed by him with actions taken, as necessary, to help drive improvement within the home.

Review the home’s 2018 annual quality report, which was on display within the home for patients and visitors, highlighted that its content did not include any comments from patients or patients’ relatives/representatives. This was discussed with the registered manager who agreed to ensure that such comments should be referenced, as appropriate, within future annual reports in keeping with best practice standards. This will be reviewed during a future care inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monthly monitoring visits and the management of complaints.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref:Regulation 13 (1) (a)(b)</p> <p>Stated: Second time</p> <p>To be completed by:With immediate effect</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"> • 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. • That all supplementary repositioning records are completed contemporaneously, comprehensively and accurately in keeping with legislative and best practice guidance. <p>Ref:6.2 &6.5</p>
	<p>Response by registered person detailing the actions taken: Memo's given to all nurses and reiterated at nurse staff meeting to ensure pressure relieving equipment has required settings and operating instructions in place and stated in careplans, for clients who require same. Repositioning records are completed daily and recorded on a hard copy. This is audited on a regular basis to ensure that accurate records are kept.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14.4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: All safeguarding issues are reported within a timely fashion, firstly to ASC, position report completed and trust informed if deemed a safeguarding issue. During previous inspection an issue was reported by staff member - as this was only brought to the attention of management at this time, it could only be dealt with from that point. All relevant bodies fully informed and full investigation carried out. If there is a possible safeguarding issue a position report will be completed and guidance sought from ASC.</p>

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



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