

Inspection Report

25 October 2023



Rose Lodge

Type of service: Nursing

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Rose Lodge Care Home (Lisburn) Ltd Registered Person/s OR Responsible Individual Mr Kevin McKinney	Registered Manager: Ms Julie McAleavey – not registered
Person in charge at the time of inspection: Lauren McElhone – Deputy Manager	Number of registered places: 48 The home is approved to provide care on a day basis to 1 person in the Dowling Wing and 1 person in the Warnock Wing
Categories of care: Nursing Home (NH) 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. TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 33
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 48 patients. The home is divided in two units both situated on the ground floor of the home. Patients have access to communal living and dining spaces as well as to the garden areas.	

2.0 Inspection summary

An unannounced inspection took place on 25 October 2023 from 9.25 am to 6.05 pm by a care inspector.

The inspection focused on all areas for improvement identified at the last care inspection on 24 July 2023, and to determine if the home was delivering safe, effective and compassionate care, and if the service was well led.

Enforcement action resulted from the findings of this inspection.

While five out of the twelve areas for improvement reviewed were assessed as met, six previously stated areas for improvement were not met. RQIA was concerned that despite these deficits being raised during previous inspections of Rose Lodge (RQIA ID: 1872) on 7 March 2023 and 24 July 2023; and during a Serious Concerns meeting on 2 August 2023, the necessary improvements had not been made to ensure the provision of safe and effective care in a consistent manner.

RQIA were also concerned to learn, during the inspection, that further changes had occurred in relation to the management arrangements in the home since the previous inspection. These changes had not been notified to RQIA in keeping with regulation.

Serious concerns were identified regarding the lack of robust governance arrangements and managerial oversight, for instance: auditing processes were noted to be insufficiently robust so as to identify and effectively address deficits in relation to record keeping and the delivery of safe and effective care. Furthermore, new areas for improvement were identified in relation to the management of complaints, and systems to help patients and relatives identify staff and their role and the nurse in charge.

Given the seriousness of the concerns identified, a meeting was held on 8 November 2023 with the intention to serve two failure to comply (FTC) notices under the Nursing Home Regulations (Northern Ireland) 2005, in relation to:

- Regulation 10 (1): relating to the management and governance arrangements, and subsequent failings to drive the necessary improvements, as outlined on the home's quality improvement plan (QIP)
- Regulation 13 (1) (a) (b): relating to the health and welfare of patients through post falls management.

The meeting was attended by Mr Kevin McKinney, Responsible Individual (RI), the newly appointed manager and two other members of the home's management team. At this meeting the management team presented an action plan detailing actions that had been taken since the inspection, and how they planned to achieve and maintain the improvements necessary to achieve compliance with regulation.

As a result of the action plan presented and discussion with the management team, the two FTC notices were not served. However, the RI agreed to complete specific actions within a set timeframe to provide RQIA with additional assurances in relation to the management and governance arrangements, the management of complaints and the quality monitoring report.

RQIA will continue to monitor and review the quality of services provided in Rose Lodge nursing home.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection and during the meeting with RQIA on 8 November 2023.

4.0 What people told us about the service

Patients described staff as “lovely” and “good.” One patient complemented staffs’ attitude and told us that they enjoyed interactions with staff. However, the patient also told us that they often had to wait for long periods of time before staff were available to provide assistance, especially at night. Concerns about staffing were shared with the management team for consideration when determining staffing levels.

Relatives told us that they found staff to be friendly and compassionate and said that staff provided “good basic care.” Relatives told us that staff “do a good job, in spite of” frequent changes in management arrangements.

Relatives expressed concern about the turnover in managers in the home and told us that they felt that this instability in management was starting to have an impact on the care and services provided. For example, relatives said that there was poor communication between the home and relatives and also between management and staff.

A number of relatives informed RQIA, both during the inspection and by contacting RQIA directly following inspections, that they had raised concerns both verbally and in writing to the RI and the management team over recent months, but that their complaints went unanswered. Relatives’ views and the management of complaints were discussed with the RI and this is discussed further in section 5.2.5.

Staff said that they were happy working in Rose Lodge and expressed the view that there was good teamwork. Some staff spoke about improvements that had been made since the last inspection, for instance, some staff had received face to face fire training.

Two staff told us that there had been issues in relation to the supply of some cleaning materials in recent weeks. This was brought to the attention of the RI who agreed to review the stock management and ordering of cleaning supplies to ensure a continuous supply was available in the home.

No staff survey responses were received within the allocated timeframe.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 24 July 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 21 (1) (b) Stated: Second time	The registered person shall ensure that a robust system is implemented and maintained in regard to monitoring staff registration with the Northern Ireland Social Care Council at all times.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: Second time	The registered person shall ensure that all falls are managed in line with best practice guidance and that neurological observations are consistently recorded.	Not met
	Action taken as confirmed during the inspection: Deficits were identified in records pertaining to post falls management. Further detail can be found in section 5.2.2 of this report. This area for improvement was not met and has been stated for a third time.	

<p>Area for Improvement 3</p> <p>Ref: Regulation 29</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that the Regulation 29 monitoring visits are robust and clear on the actions required to drive the necessary improvements to ensure compliance with regulations and standards.</p> <p>Action taken as confirmed during the inspection: The reports for monthly monitoring visits were found to be insufficiently robust so as to drive the necessary improvements. Further detail can be found in section 5.2.5 of this report.</p> <p>This area for improvement was not met and has been stated for a third time.</p>	<p>Not met</p>
<p>Area for Improvement 4</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all staff receive mandatory training to enable them to meet the needs of patients safely and effectively.</p> <p>Action taken as confirmed during the inspection: Mandatory training records evidenced poor compliance with some courses. Further detail can be found in section 5.2.1 of this report.</p> <p>This area for improvement was not met and has been stated for a second time.</p>	<p>Not met</p>
<p>Area for Improvement 5</p> <p>Ref: Regulation 27 (4) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a fire risk assessment is undertaken annually and that records are maintained to evidence that any resulting recommendations are actioned within the required timeframe.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>

Area for Improvement 6 Ref: Regulation 27 (4) (d) (i) (ii) (iv) (v) Stated: First time	The registered person shall ensure that arrangements are in place to ensure that fire safety checks are conducted on a regular basis, and that fire safety maintenance records are accurately maintained and include evidence of actions take where required.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 7 Ref: Regulation 27 (4) (e) (f) Stated: First time	The registered person shall implement a robust system to ensure that staff receive training and participate in emergency evacuation fire drills	Partially met
	Action taken as confirmed during the inspection: Records evidenced that only one fire drill had been carried out since the last inspection in July 2023, and there was no evidence to confirm additional fire drill training had been scheduled. Further detail can be found in section 5.2.3 of this report. This area for improvement was partially met and has been stated for a second time.	
Area for Improvement 8 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that infection prevention and control (IPC) deficits identified in the environment and staff practice, as detailed in this report, are addressed.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

<p>Area for Improvement 9</p> <p>Ref: Regulation 18 (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all areas of the home that are identified as communal areas are accessible and available for patient use, in keeping with the home's statement of purpose. This includes ensuring staff store equipment safely and appropriately</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for Improvement 10</p> <p>Ref: Regulation 31 (1) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that any changes in the management arrangements of the home are notified to RQIA without delay.</p> <p>Action taken as confirmed during the inspection: Changes in the management arrangements of the home had not been notified to RQIA in a timely manner and in accordance with regulation.</p> <p>Further details can be found in section 5.2.5 of this report.</p> <p>This area for improvement was not met and has been stated for a second time.</p>	<p>Not met</p>
<p>Area for Improvement 11</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that there is a robust system of governance in place to demonstrate managerial oversight of the home to ensure that the home is well led and is delivering safe, effective and compassionate care.</p> <p>Action taken as confirmed during the inspection: There was evidence that a system of auditing was in place, however some audits were found to lack sufficient detail to evidence actions taken to address deficits.</p> <p>Further detail can be found in section 5.2.5 of this report.</p> <p>This area for improvement was partially met and has been stated for a second time.</p>	<p>Partially met</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for Improvement 1 Ref: Standard 4 Stated: First time	The registered person shall ensure that patient care records are maintained up to date, with relevant and accurate information.	Not met
	Action taken as confirmed during the inspection: Some patient assessments and care plans were found to be overdue for evaluation. Further detail can be found in section 5.2.2 of this report. This area for improvement was not met and has been stated for a second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Improvements were noted with the monitoring of staffs' registration with their professional bodies. A system was in place to monitor nurses' registrations with the Nursing and Midwifery Council (NMC) and care staffs' registrations with the Northern Ireland Social Care Council (NISCC), and this was reviewed monthly by a senior member of the team.

The staff duty rota accurately reflected the staff working on a daily basis. Staff said that there was good teamwork and that they enjoyed working in Rose Lodge. Staff were seen to be busy and were warm and polite during interactions with patients and others.

Staff told us that mandatory training was provided online. Review of training records showed that, some progress had been made in relation to some topics. For example, face to face sessions had taken place for moving and handling and fire safety awareness, and more sessions had been arranged for fire awareness. However, compliance with a number of mandatory courses remained low and records did not evidence what actions, if any, had been taken to address this. Please refer to section 5.2.3 for further details on fire drill training. This area for improvement was stated for a second time.

Patients spoken with commented positively regarding the attitude of staff. Refer to section 4.0. However, some patients raised concerns about call bell wait times which were highlighted to the management team. Assurances were provided by the newly appointed manager that staffing was regularly reviewed and adjusted to meet the needs of patients. This will be reviewed again at the next inspection.

It was observed that all staff working in the home were wearing the same colour of uniform and the majority of staff did not have name badges to identify who they were and what role they worked in. Some relatives expressed frustration about being unable to distinguish between nurses and care staff. Relatives also told us that they never knew who was in charge of the home at any given time. Review of records and observations of the environment confirmed that while the nurse in charge was highlighted in the duty rota, there was no notice in the home to advise visitors or patients about who was in charge. Two areas for improvement were identified in relation to systems to identify staff and their roles, and to identify the nurse in charge.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be busy yet responded to patients' needs as required. Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, each unit had a nursing diary to ensure important appointments, blood tests, and reviews were not missed.

Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially. Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care plans were in place to inform staff of recommended frequency of repositioning, and any specialist pressure prevention equipment used, such as air flow mattresses.

Records pertaining to the management of falls were reviewed. While some patients who were identified as being at increased risk of falling had care plans in place that stipulated measures to reduce this risk, one patient who was assessed as being at high risk of falling did not have a care plan in place. This omission in care records along with evidence that a number of patient assessments and existing care plans were overdue for evaluation, resulted in a previously stated area for improvement about care records being stated for a second time.

Furthermore, the records pertaining to falls that had occurred in the home evidenced that, nursing staff had failed to carry out neurological observations for identified patients in keeping with best practice. While no patients came to harm, this lack of safe and effective care has the potential to place patients at risk of harm. At the meeting held with RQIA on 8 November 2023, the management team presented evidence to show actions taken to ensure that all nurses were aware of their responsibilities in relation to best practice with falls management.

A previously identified area for improvement was stated for a third time.

5.2.3 Management of the Environment and Infection Prevention and Control

Review of the home's environment included a selection of bedrooms, communal lounges and dining rooms, communal toilets and bathrooms, corridors and storage areas. While the home was generally clean, some areas required more attention to detail such as high surfaces and picture frames. Patients told us that they were satisfied with the level of cleanliness in the home, while relatives said that further cleaning was required. This was highlighted to the management team to review cleaning schedules to ensure high points were included for dusting. This will be reviewed at the next inspection.

It was observed that communal bathrooms were free from inappropriate storage and non-laminated signs had been removed from patient areas.

It was positive to note that all communal patient areas were accessible and ready for patient use.

Corridors and fire exits were maintained free from obstruction. The most recent fire risk assessment was undertaken on 9 August 2023, and records evidenced that recommendations made by the assessor were being addressed. There was a system in place to ensure that fire safety maintenance checks were routinely conducted and records were maintained.

Since the last inspection, some staff had received face to face fire safety awareness training, and the management team evidenced that further training sessions had been arranged. However, RQIA were concerned to learn that only one practice fire drill had taken place since the last inspection and a significant number of staff remained untrained in relation to the fire drill procedure. During the meeting on 8 November 2023 evidence was presented to confirm that three further fire drills had taken place since 25 October 2023. This area for improvement was partially met and stated for a second time.

During the meeting with RQIA on 8 November 2023, the management team presented evidence to show that further practice fire drills had taken place and assured RQIA that there was a system in place to ensure that all staff participate in this essential training.

Staff were observed to carry out hand hygiene at appropriate times and to use personal protective equipment (PPE) in accordance with best practice. Governance records showed that monthly infection prevention and control (IPC) audits captured staff practice, however the audits did not evidence actions taken if deficits were identified. This is discussed further in section 5.2.5.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch television if they wished. Patients confirmed that they could use any communal rooms or remain in the privacy of their bedroom as preferred.

There was an activities coordinator in post, however no activities were observed during the inspection. Organised activities will be reviewed again at the next inspection.

The RI confirmed that hairdressing services had resumed in the home following an interruption to this service.

Visiting arrangements were in place and relatives and patients confirmed that they were satisfied with visiting in the home.

5.2.5 Management and Governance Arrangements

During discussion with staff it was evident that there had been a change to managerial arrangements within the home. These changes had not been notified to RQIA in keeping with regulation and the Inspector had to request that a statutory notification be submitted to RQIA before conclusion of the inspection.

Patients and relatives also expressed concern about the turnover in managers, and this concern was compounded by the lack of transparency about who was in charge of the home on a daily basis, as discussed in section 5.2.1. However, staff expressed that they were happy with the management arrangements and that they could approach the manager with any concerns.

RQIA was concerned that this lack of stable and consistent managerial oversight has the potential to adversely affect any efforts to address those deficits noted during the inspection and to drive required improvements in a sustained manner.

At the meeting with RQIA on 8 November 2023, the RI and the manager provided assurances in relation to the management arrangements, and they agreed that a manager application to register Ms McElone with RQIA would be submitted by the end of November 2023. A previously identified area for improvement in relation to timely notification of changes in management was stated for a second time.

RQIA also identified that complaints were not being managed in accordance with regulation. For instance, relatives who spoke with RQIA before, during, and after the inspection confirmed that while they had raised complaints, they had yet to receive a response from the RI. Review of complaints records and discussion with the RI highlighted that there was no central record maintained to evidence the actions taken to address complaints in keeping with best practice.

At the meeting with RQIA on 8 November 2023, the management team presented a revised complaints policy and gave assurances that the complaints procedure was shared with all relevant stakeholders and that staff were receiving training in the management of all expressions of dissatisfaction. It was agreed that the RI and manager would conduct a review of all complaints received since 1 April 2023, and to provide assurances to RQIA by 20 December 2023, that all complaints have been addressed in accordance with regulation. An area for improvement was identified.

Some improvements were noted in relation to governance systems, in that a suite of audits were in place and completed monthly. These audits included infection prevention and control, medicines management, and patients' dining experience. However, some audits failed to identify areas of concern noted during the inspection, for instance, omissions in post falls monitoring and shortfalls in care records. Furthermore, action plans were not clear as to the action required and the persons responsible for completing the action. A previously identified area for improvement in relation to governance systems was stated for a second time.

RQIA were concerned that the monthly monitoring visits undertaken in accordance with Regulation were not identifying areas of concern noted during previous inspections including progress with the quality improvement plan, and the action plans were not clear as to the action required to bring the home into compliance. A previously stated area for improvement was stated for a third and final time.

Staff expressed that they were happy with the management arrangements and that they could approach the manager with any concerns.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	8*	3*

*The total number of areas for improvement includes two under regulation that have been stated for a third time, four under regulation that have been stated for a second time, and one under standards that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr. Kevin McKinney, Responsible Individual (RI), as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: Third time To be completed by: Immediate action required	The registered person shall ensure that all falls are managed in line with best practice guidance and that neurological observations are consistently recorded. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: New falls protocol implemented in accordance to post fall and management tools form A, B and C. All registered nursing staff have undertaken falls competency to ensure all staff are competent in the new practice.
Area for improvement 2 Ref: Regulation 29 Stated: Third time To be completed by: Immediate action required	The registered person shall ensure that the Regulation 29 monitoring visits are robust and clear on the actions required to drive the necessary improvements to ensure compliance with regulations and standards. Ref: 5.1 and 5.2.5
	Response by registered person detailing the actions taken: Registered individual will ensure that regulation 29 visits are robust and clear. Acting manager has put in place an action plan from every regulation 29 visit, to ensure necessary improvements are in compliance with regulations and standards.
Area for improvement 3 Ref: Regulation 20 (1) (c) (i) Stated: Second time To be completed by: Immediate action required	The registered person shall ensure that all staff receive mandatory training to enable them to meet the needs of patients safely and effectively. Ref: 5.1 and 5.2.1
	Response by registered person detailing the actions taken: Training is monitored monthly by administration assistant, to ensure all staff have received mandatory training.

<p>Area for improvement 4</p> <p>Ref: Regulation 27 (4) (e) (f)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall implement a robust system to ensure that staff receive training and participate in emergency evacuation fire drills</p> <p>Ref: 5.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken: All training is monitored monthly by administration receptionist to ensure that staff receive training and participate in emergency fire drills.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 31 (1) (b)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that any changes in the management arrangements of the home are notified to RQIA without delay.</p> <p>Ref: 5.1 and 5.2.5</p> <p>Response by registered person detailing the actions taken: The registered individual will ensure that any changes in management are notified to RQIA without any delay.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect and going forward</p>	<p>The registered person shall ensure that there is a robust system of governance in place to demonstrate managerial oversight of the home to ensure that the home is well led and is delivering safe, effective and compassionate care.</p> <p>Ref: 5.1 and 5.2.5</p> <p>Response by registered person detailing the actions taken: A robust system of governance is in place to help demonstrate managerial oversight.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 24</p> <p>Stated: First time</p> <p>To be completed by: 20 December 2023</p>	<p>The registered person shall ensure that there is a robust complaints system in place to manage any expressions of dissatisfaction received.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Copy of complaints policy is now displayed in the reception and every residents bedroom door. Homes complaints policy and procedures have been revised. Complaint book is in place for formal complaints and informal complaints are documented on the MCM system.</p>

<p>Area for improvement 8</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: 6 December 2023</p>	<p>The registered person shall ensure that a copy of the monthly monitoring report is submitted to RQIA on or before the 5th working day of each month until further notice.</p> <p>The reports shall include details of progress made in relation to the homes' quality improvement plan (QIP)</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The registered individual will provide a copy of the monthly monitoring report before the 5th working day of every month, with reference to the homes quality improvement plan.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that patient care records are maintained up to date, with relevant and accurate information.</p> <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: A monthly audit of all care plans has been undertaken, all care plans are relevant and up to date.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 19.4</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2023</p>	<p>The registered person shall ensure that there is a system in place to easily identify each member of staff by their name and role within the home.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Name badges with staffs names and position are now in place.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that there is a system in place that effectively communicates to those visiting and living in the home, who the nurse in charge is.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: A display is in place at reception notifying both residents and visitors the nurse in charge.</p>

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