Unannounced Care Inspection Report
13 September 2016

Geanann Care Centre

Type of Service: Nursing Home
Address: 31 Ballygawley Road, Dungannon, BT70 1NH
Tel No: 028 8775 0101
Inspectors: Sharon Loane & Laura O'Hanlon

1.0 Summary

An unannounced inspection of Geanann Care Centre took place on 13 September 2016 from 10.15 to 18.15.

The inspection sought to assess progress with any issues raised 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.

Is care safe?

Staff were observed to deliver care in a safe manner evidencing positive outcomes for patients. Patients' needs were met by the level and skill mix of staff on duty. Staff consulted were knowledgeable regarding their roles, responsibilities and function. Shortfalls were identified and requirements have been made in relation to; fire safety and the security of the building, and also in relation to a bathroom which was not being used for its intended purpose. Recommendations have also been made in regards to the management of the duty rota and odours identified in some areas of the home.

Is care effective?

Discussion with staff, some patients and representatives evidenced that care was effective. This was further evidenced in the review of care records and observation of care delivery. The majority of care records reviewed confirmed that assessments were completed and care plans were developed to prescribe care. However recommendations have been made in regards to the completion of pre-admission assessments and some additional issues identified during the review of care records.

Is care compassionate?

Staff interactions with patients were observed to be compassionate and caring. Patients were afforded choice, privacy, dignity and respect in the majority of care observations made. Although one observation made had the potential to impact negatively on an identified patient's dignity; immediate actions were taken to deal with same. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients care plan. Significant improvements were noted in regards to the dining experience and a recommendation stated previously was met.

Is the service well led?

The home was operating within the categories of care for which it was registered and the certificates of registration and public liability were up to date and displayed appropriately. Management systems were in place to ensure the safe delivery of quality care within the home. Although, the matters identified under the safe domain raised concerns that risk management procedures and structures were not fully in place to prevent, identify and manage potential risks which posed potential risks to patients living in the home. Requirements and recommendations have been made to address these shortfalls.

The term 'patients' is used to describe those living in Geanann Care Centre which provides both nursing and residential care

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	6

Details of the Quality Improvement Plan (QIP) within this report were discussed with Michelle Devlin, registered manager and Bernadette Burke, clinical lead, 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 3 May 2016. There were no requirements or recommendations made at the last inspection.

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

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Countrywide Care Homes (4) Limited/Mr Nadarajah (Logan) Logeswaran	**Registered manager:** Mrs Michelle Marie Devlin
Person in charge of the home at the time of inspection: Bernadette Burke, clinical lead until 11.00 hours. Michelle Devlin after 11.00 hours	**Date manager registered:** 23 March 2015
Categories of care: NH-I, NH-DE, RC-DE	**Number of registered places:** 54

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report
- pre inspection assessment audit.

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. Thirty two patients were spoken with individually and the majority of others were greeted by the inspectors in small groups. Six care staff, one registered nurse, one member of catering staff, the laundress, the maintenance officer and the administrator for the home were also consulted with. The operational director for the home was spoken with by telephone both during and post inspection.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

Questionnaires were also left in the home to facilitate feedback from patients, their representatives and staff not on duty. Five patient, 10 staff and 10 patient representative questionnaires were left for completion.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- patient care records
- staff training records
- staff induction template
- complaints records
- incidents / accidents records since the last care inspection
- minutes of staff meetings
- minutes of residents meetings
- minutes of relatives meetings
- selection of audit documentation.
- two staff recruitment files
- a sample of policies and procedures in the home
- fire safety records
- duty rotas for the period 5 – 18 September 2016.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 3 May 2016

The most recent inspection of the home was an unannounced medicines management inspection. A QIP did not result from this inspection.

There were no issues required to be followed up during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 09/02/16

Last care inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 13 (1) (a) & (b) **Carried Forward to next inspection**	The registered manager must ensure that all patients with pressure areas / wounds have the relevant assessments and records are completed in accordance with best practice guidelines. Dressing regimes must be adhered to in accordance with the care plan and wound care records / observation charts must be completed each time dressings are changed. All records pertaining to pressure/ wound care management are up to date and reviewed as indicated.	**Met**
	Action taken as confirmed during the inspection: A review of one care record evidenced that the identified patient was receiving treatment as prescribed and all relevant documentation was maintained appropriately.	

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 23 **Stated:** First time	It is recommended that repositioning charts should contain documented evidence that a skin inspection of pressure areas has been undertaken at the time of each repositioning and the actual position change is recorded. Training should be provided for staff in prevention of pressure damage based on best practice guidelines.	**Met**
	Action taken as confirmed during the inspection: A review sample of repositioning charts evidenced a significant improvement in the recording of these charts. Recorded information included details of any skin inspection checks completed and the actual position change. The registered manager advised that staff had completed online training which was accredited by RCN. This recommendation has been met.	
Recommendation 2 **Ref**: Standard 12 **Stated:** First time	It is recommended that the serving of food and drinks in the nursing dementia unit is reviewed in accordance with current best practice guidance; • meals are served in accordance with best practice for persons with dementia; ensuring a positive experience for patients • patients are offered a choice of food and drink • meal choices are provided for all patients including those who require modified diets • staff provides appropriate supervision, assistance and interaction with patients during mealtimes.	**Met**
	Action taken as confirmed during the inspection: An observation of the lunch time meal was undertaken in the nursing dementia unit. There were significant improvements noted since the last care inspection and the dining experience for patients was consistent with best practice guidance. This recommendation has been met.	

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 5 – 18 September 2016 evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

However issues were noted in regard to the recording of the duty rota. The duty rota did not consistently identify the full name of the employee, the capacity in which the staff member worked, or the person in charge of each shift. In addition to this, the template used for recording the duty rotas were inaccurate and of poor quality. The registered manager did provide an explanation for same however, a recommendation has been made.

Discussion with staff and review of two staff personnel files evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Review of records pertaining specifically to fire safety training evidenced that training was provided to ensure that mandatory training requirements were met. Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training.

Discussion with the registered manager and review of 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).

Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibilities in general and specifically in relation to adult safeguarding. All staff consulted with stated that they had received training in this regard and that they knew how to report and escalate any concerns appropriately. A review of records and a discussion with staff evidenced that there was one open safeguarding incident which will be followed up at future inspection. The importance of reporting potential adult safeguarding incidents in a timely manner was communicated to management in relation to one identified incident.

Review of five patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Areas for improvement were identified in relation to some aspects of the completion of care records. These are discussed further in section 4.4.

A falls audit completed for August 2016 was reviewed at this inspection. The audit confirmed the number, type, place and outcome of all falls and an action plan was developed to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since July 2016 confirmed that these were appropriately managed and reported.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, and dining room/s and storage areas. Overall the home was found to be warm, well decorated, fresh smelling and clean throughout. A number of bedroom floor coverings were observed as being replaced during the inspection process. Patients/representatives spoken with were complimentary in respect of the home's environment. However odours were noted in two bathroom areas and two identified bedrooms on the ground floor. A recommendation was made to ensure this is addressed.

In addition a bathroom observed on the first floor was not being used for its intended purpose. This identified bathroom was being used to store equipment and fire safety measures were not in keeping with fire safety legislation. A discussion with the registered manager indicated that they had been given inaccurate information by a previous senior management person. The registered manager was advised that the identified bathroom should be reverted back to its original use with immediate effect and that a variation must be submitted to RQIA should a change of purpose be required. A requirement was made to address this issue.

Overall fire exits and corridors were observed to be clear of clutter and obstruction. One fire exit located beside the kitchen and laundry areas was found to be open and the alarm had been isolated. Discussion with the registered manger and staff advised that ancillary staff used this fire door as an exit point on a frequent basis. This was concerning as it comprised both fire safety legislation and the security of the home. The registered manager was advised that this practice must cease with immediate effect. A requirement was made to ensure this is addressed.

During the course of the inspection, concerns were raised by the inspectors in regards to the security of the 'secured garden area' where patients were observed accessing same. A number of gates in this area were observed unsecured, one of which led to the parking areas and the roadway. The system in place for securing the gates was not effective and posed potential risks for patients' safety. This matter was brought immediately to the attention of the registered manager and the maintenance operative who were advised that effective management controls must be implemented to ensure that there can be no unauthorized egress by residents/patients from the garden areas. This information was also shared with the operational director of the home and also the estates inspector at RQIA for further consideration and follow-up. Post inspection correspondence has been received from Geanann to advise of the actions taken and or to be taken. The estates inspector at RQIA has also undertaken an unannounced site visit to ensure that the proposed actions have been taken to ensure patients safety.

This matter was concerning as management had not identified the deficits and there was also an absence of robust governance in regards to an incident that had previously occurred. Although, management advised that daily checks were completed of this area there was no recorded evidence available and the findings of this inspection would indicate that this was not an established directive. This has also been referred to in section 4.6.

As previously discussed these matters aforementioned have also been shared with the estates inspector at RQIA for further consideration and /or action.

Areas for improvement

Requirements have been made in relation to; fire safety and the security of the building, and also in regards to a bathroom which was not being used for its intended purpose. Recommendations have also been made in regards to the management of the duty rota and odours identified in some areas of the home.

Number of requirements	2	Number of recommendations	2

4.4 Is care effective?

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

A review of two care records identified shortfalls in the completion of the pre-admission assessment. One assessment reviewed was not completed comprehensively and no date and signature of the person completing the assessment was recorded. A pre-admission assessment had not been completed for a second care record reviewed.

In addition the following issues were identified in the named care records provided to the registered manager. Two care records reviewed did not accurately reflect the written advice provided by the dietician and speech and language therapist (SALT).

One patient observed was in bed at lunchtime and staff advised the inspectors that this was part of the patient's normal routine. A review of the care records for the identified patient did not accurately reflect this information and daily evaluation notes made no reference to the patients daily time of rising.

A recommendation has been made in regards to the completion of pre-admission assessments and also that care plans should be kept up to date and reflective of the patients identified needs and include any recommendations made by the multi-disciplinary team.

As previously referred to in section 4.3, recording templates were photocopied and were of poor quality affecting the legibility of the records. This was brought to the attention of management who agreed to address this issue.

Supplementary care charts reviewed for example; repositioning and food and fluid intake records evidenced that in the majority records were maintained in accordance with best practice guidance, care standards and legislative requirements.

One observation was noted in relation to the recording of food and fluid charts in the nursing dementia unit. Records in some instances were not being recorded contemporaneously and also were not being recorded by the staff member who had carried out the actual care intervention. This is not in keeping with NMC guidelines and a recommendation has been made in this regard.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication.

Discussion with staff and a review of records confirmed that staff meetings were held on a regular basis and records were maintained. An action plan was not generated as a result of these meetings; the importance of this was discussed with the registered manager who agreed to develop this going forward.

Staff stated that there was effective teamwork; each staff member knew 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 review of records evidenced that the most recent relatives meeting was held on 9 September 2016. Minutes of the meeting held were available. The registered manager advised that they operated an open door policy and encouraged relatives to discuss any matters arising with her. A discussion with one patient's representatives during the inspection expressed their confidence in raising any concerns with staff and or management.

Areas for improvement

Three recommendations have been made in regards to the management of care records and the admission process.

Number of requirements	0	**Number of recommendations**	3

4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect in the majority of observations made. An observation made in relation to one patient's bedroom evidenced that appropriate furnishings were unavailable; for example there was no chair, table and television and the room lacked warmth and comfort. A discussion with staff indicated the rationale for same however staff demonstrated a lack of understanding that the measures taken had the potential to impact on the patient's choice, dignity and comfort. Following discussion, staff agreed to review and address immediately.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. 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. It was evident that there were good relationships between patients and staff. Staff were observed chatting and engaging with patients and from conversations held it was apparent that the staff had knowledge of the patient's life experiences and interests.

The level of personal care afforded to patients was to a satisfactory standard. Some patients clothing were accessorised with scarfs and jewellery and the hairdresser was observed attending to the ladies hairdressing needs in the salon within the home. It was evident that the ladies were enjoying this activity. At the previous care inspection, a number of female patients was observed wearing 'bed socks' and or no 'tights'. Whilst there was noted improvement, this was still evident, however staff were consistent in regards to the information provided for this practice and advised that this was reflected in the care records.

As previously discussed the serving of the lunch time meal was observed and was noted to be very well managed. Tables were presented, meals smelt and looked appetising. Staff were knowledgeable of the patient's nutritional and dietary requirements and provided appropriate assistance and encouragement. Staff were observed offering patients choice and were kind and respectful in their interactions. Patients advised the food was tasty and appeared to enjoy the dining experience. A recommendation made at a previous care inspection was met.

One patient's relatives spoken with at this inspection were very positive in relation to the care delivered, the environment, staff attitude and management of the home. In addition 10 relative/representative questionnaires were provided by RQIA to the homes administrator for distribution. At time of writing this report one questionnaire has been returned within the identified timeframe. The response received was positive across all four domains.

Reference has been made throughout the report to information and/or comments received by staff. In addition 10 questionnaires were also left with the home for staff to complete who were not on duty at the inspection. Staff spoken with on the day of the inspection commented positively regarding the care delivered and the leadership and management of the home. No questionnaires were returned within the timescale for inclusion in this report.

Some comments made by patients during the inspection included:

- "I am content in here, they couldn't be any better or any nicer, kind people."
- "I am very comfortable, we get a choice of food and the food is excellent."
- "I like it in here, it's a nice place, all the staff are nice."
- "The staff are the most wonderful people I have ever met, I have never met nicer."

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	**Number of recommendations**	0

4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion some patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The registration certificate was up to date and displayed appropriately. Discussion and observations evidenced that the home was operating within its registered categories of care. A certificate of public liability was current and also displayed appropriately.

As referred to previously there were shortfalls evidenced in the duty rotas reviewed to include that they did not identify the person in charge of the home in the absence of the registered manager. A recommendation has been made under the safe domain in this regard.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA and/or other relevant bodies appropriately. A review of notifications of incidents since the last care inspection confirmed that these were managed appropriately.

Discussion with the registered manager and a review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. An in-depth review of audits and analysis was not undertaken during this inspection and this element of the well led domain will be reviewed more comprehensively at subsequent care inspections.

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

Discussion with the registered manager and review of records evidenced that Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, and staff and Trust representatives.

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

As discussed in section 4.3 concerns were identified in regards to the safety and security of the building which posed potential risks to patients living in the home. A discussion with management and a review of information indicated that there was a lack of risk management procedures in place to prevent, identify, manage and review incidents to prevent the occurrence of potential risks and assure learning within the home. A recommendation has been made in this regard in conjunction with the requirements made in relation to identified regulatory breaches.

Areas for improvement

A recommendation has been made in regards to risk management procedures.

Number of requirements	0	**Number of recommendations**	1

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Michelle Devlin, registered manager and Bernadette Burke, clinical lead, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref**: Regulation 27 (1) **Stated:** First time **To be completed by:** 13 September 2016	The registered provider must ensure that the bathroom on the first floor used to store equipment is reverted back to its original purpose or if required a variation to change the use of this bathroom is raised with RQIA. **Ref: Section 4.3**
	Response by registered provider detailing the actions taken: Bathroom on first floor has been reverted back to its original purpose. Any items of equipment stored in this room has been removed.
Requirement 2 **Ref:** Regulation 14 (4) **Stated:** First time **To be completed by:** 13 September 2016	The registered provider shall make arrangements by training staff or by other measures to prevent patients being harmed or suffering abuse or being placed at risk of harm or abuse. This requirement relates specifically to the security of the building internally and externally and also the management of fire exit doors. **Ref: Section 4.3**
	Response by registered provider detailing the actions taken: All external gates have been assessed by the Health and Safety Officer .Gates have been upgraded and are linked to the nurse call system. Security checks of fire doors and gates are carried out and documented daily by maintenance and the person in charge. An external key pad and automatic door closer has been installed to the corridor door in the service area. All external doors are alarmed , secure and only able to be opened by the nurse in charge.
Recommendations	
Recommendation 1 **Ref**: Standard 41 **Stated:** First time **To be completed by:** 14 October 2016	The registered provider should ensure that the staff duty rota is maintained in line with the DHSSP'S, Care Standards for Nursing Homes, 2015. **Ref: Section 4.3**
	Response by registered provider detailing the actions taken: New duty rotas are available stating the person who is in charge of each shift ,full name and job title of employee. Nurses have been instructed not to rewrite the duty rota or make any changes without management approval.
Recommendation 2 **Ref**: Standard 44 **Stated:** First time	The registered provider should ensure that necessary actions are taken to remove the odours evidenced in the identified areas of the home during the inspection as outlined in section 4.3. **Ref: Section 4.3**

To be completed by: 30 November 2016	**Response by registered provider detailing the actions taken:** Action has been taken to replace the flooring in the two bedrooms on the ground floor. Housekeeper / manager will carry out daily checks to ensure there are no odours in the building.

Recommendation 3 **Ref**: Standard 1 Criteria 3 **Stated:** First time **To be completed by:** 14 October 2016	The registered provider should ensure that prior to admission an assessment is carried out and recorded, by an identified person suitably trained to complete this process. **Ref: Section 4.4**
	Response by registered provider detailing the actions taken: All preadmission assessments will be completed comprehensively by a person competent in completing them.
Recommendation 4 **Ref**: Standard 4 **Stated:** First time **To be completed by:** 30 November 2016	The registered provider should ensure that assessments and care plans are kept up to date and are reflective of the patients' needs. Any recommendations made by the multi-disciplinary team should be included in the plan of care. **Ref: Section 4.4**
	Response by registered provider detailing the actions taken: Supervisions have been carried out on all staff responsible for updating care plans and assessing the needs of residents about the importance of documenting the written advice made by multi-disciplinary team in the residents care plan .
Recommendation 5 **Ref**: Standard 4 Criteria 9 **Stated:** First time **To be completed by:** 14 October 2016	The registered provider should ensure that contemporaneous nursing records are maintained in regards to food and fluid records. Entries should be recorded by the person who has carried out the intervention. **Ref: Section 4.4**
	Response by registered provider detailing the actions taken: Supervisions have taken place with care staff informing them of the importance of recording food and fluids for the residents to which they carried out the actual intervention. Nurse in charge/ manager will monitor charts daily to ensure the person carrying out the intervention has recorded it onto the chart.

Recommendation 6 **Ref**: Standard 35 Criteria 8 **Stated:** First time **To be completed by:** 30 November 2016	The registered provider should ensure that risk management policies and procedures and management structures are in place to prevent, identify, manage and respond to identified risks. **Ref: Section 4.3 & 4.6**
	Response by registered provider detailing the actions taken: Risk management policies and procedures are in place. A new procedure has been commenced where the maintenance person checks external gates from the garden and records that the opening mechanism is secure on a daily log for inspection. Person in charge will complete these checks on the days when the maintenance person is off. A new checklist has been commenced for the person in charge that details a number of actions to be completed before commencement of the shift.

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address

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