

Unannounced Care Inspection Report 23 March 2017



Knockmoyle Lodge

Type of Service: Nursing Home
Address: 29 Knockmoyle Road, Omagh, BT79 7TB
Tel no: 028 8224 7931
Inspector: Sharon Loane

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Knockmoyle Lodge took place on 23 March 2017 from 11.15 to 16.30 hours.

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?

Planned staffing levels were in place on the day of the inspection. However, responses received in returned questionnaires indicated that staffing levels were not sufficient to meet the needs of the patients. This information was shared with the acting manager for consideration. Issues were identified in regards to some aspects of the environment and the smoking room however post inspection information has been received by RQIA to confirm these matters have been addressed. Shortfalls were identified in regards to infection prevention and control management and a requirement has been made.

Is care effective?

Review of three patient care records evidenced that in the majority these were maintained to a satisfactory standard. Although a shortfall identified in one care record had the potential to impact on the patients' health and welfare. A requirement has been made. A recommendation has also been made in regards to the quality of the handover reports.

Is care compassionate?

There was evidence of good communication in the home between staff and patients and patients were praiseworthy of staff. Staff interactions were observed to be compassionate and caring. Patients were afforded choice, privacy, dignity and respect. During the inspection, activities were provided and patients were observed participating at various levels and appeared to enjoy these.

Is the service well led?

The home currently has temporary management arrangements in place. Discussion with the acting manager and staff raised some discrepancies in relation to the management arrangements for Knockmoyle Lodge to include roles and responsibilities. This matter has been addressed under a separate correspondence issued by RQIA.

Although improvement was noted in the overall governance arrangements two recommendations made at a previous care inspection has been stated for a second time.

The term 'patients' is used to describe those living in Knockmoyle Lodge 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	*3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Lavelle Datay, staff nurse, as part of the inspection process. The timescales for completion commence from the date of inspection.

*The total number above includes 2 recommendations which have been stated for a second time.

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 16 January 2017. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this 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.

2.0 Service details

Registered organisation/registered person: Mrs Bernadette Kiernan O'Donnell	Registered manager: See below
Person in charge of the home at the time of inspection: Lavelle Datay	Date manager registered: Sarah Hamilton; Acting Manager
Categories of care: RC-MP(E), NH-MP(E), RC-DE, NH-DE A maximum of 31 patients in category NH-DE, a maximum of 2 patients in category NH-MP(E), a maximum of 1 resident in category RC-MP(E) and a maximum of 1 resident in category RC-DE. The home is also approved to provide care on a day basis for 1 person.	Number of registered places: 35

3.0 Methods/processes

Prior to the inspection we analysed the following information:

- the registration status of the home
- written and verbal communication received by RQIA since the last care inspection
- the previous care inspection report
- the returned QIP from the previous care inspection
- notifications received since July 2016

The following methods and processes used in this inspection include the following:

- validation evidence linked to the previous QIP
- a discussion with the acting manager
- discussion with staff
- staffing arrangements in the home
- observation of care practices and care delivery
- care records & supplementary charts
- complaints received since the previous care inspection
- quality audits
- monthly quality monitoring reports in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005

During this inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. Questionnaires were distributed to patients, relatives and staff. We also met with twelve patients individually and with the majority of others in small groups. Two registered nurses, four care staff, an activities co-ordinator, two domestic assistants and one catering staff were also consulted.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 16 January 2017

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

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP will be validated at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 10 May 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 20(1)(a) Stated: First time	The registered person and/ manager must ensure that staff employed are suitably qualified. Robust systems to check that registered nurses have a live registration with the NMC must be implemented.	Met
	Action taken as confirmed during the inspection: A review of records evidenced that the arrangements for monitoring the registration status of nursing staff was appropriately managed in accordance with the Nursing and Midwifery Council (NMC) requirements. All registered nurses on the staff duty rota were on the live register.	
Requirement 2 Ref: Regulation 20(3) Stated: First time	The registered person and/ manager must carry out a competency and a capability assessment with any nurse who is given responsibility of being in charge of the home for any period of time in his/her absence. A record should be retained and available for inspection.	Met
	Action taken as confirmed during the inspection: A review of competency and capability assessments for three registered nurses identified on the duty rota as the person in charge of the home evidenced that these had been reviewed and updated since the last care inspection. The records were signed by both the person completing the assessment and the registered nurse.	
Requirement 3 Ref: Regulation 14(4) Stated: First time	The registered person must ensure risk assessments are completed to prevent patients being harmed or being placed at risk of harm, this should include the use and storage of alcohol gels with the Nursing Dementia unit.	Met
	Action taken as confirmed during the inspection: A risk assessment had been completed on the 1 August 2016 in relation to the use and storage of alcohol gels. This outlined the potential risks and actions to be taken in the event of any untoward incident.	

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 39 Stated: First time	<p>The registered person should ensure that staff receive training on the following:</p> <ul style="list-style-type: none"> • Communication including the breaking of bad news • Palliative and end of life care, death and dying. <p>A record of all training completed should be retained.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>A review of training records evidenced that sixteen staff had completed training in the areas outlined above.</p>	
Recommendation 2 Ref: Standard 41 Stated: First time	<p>The registered person should ensure that the duty rota is completed in accordance with the DHSSPS Care Standards for Nursing Homes (2015).</p>	Not Met
	<p>Action taken as confirmed during the inspection:</p> <p>A sample review evidenced that duty rotas were still not being completed in accordance with the standards outlined above. Some duty rotas were still being completed in pencil and the calendar month was not clearly identified on some records for example; November 2016.</p> <p>This recommendation was not met and has been stated for a second time.</p>	
Recommendation 3 Ref: Standard 19.4 Stated: First time	<p>The registered person should ensure that records are retained, to evidence that staff have completed an induction programme.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>A review of induction records for two staff confirmed that that the staff had received an induction; the record was completed appropriately and signed by the staff member and the person was responsible for the induction process.</p>	

<p>Recommendation 4</p> <p>Ref: Standard 47 Criteria 3</p> <p>Stated: First time</p>	<p>The registered person should ensure that any cleaning products used within the home are labelled correctly in accordance with COSHH regulations. The COSHH folder should be updated in accordance with all cleaning products and chemicals being used within the home. This information should be shared with staff in line with their roles and responsibilities.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of the COSHH folder evidenced that the records had been updated and was reflective of the cleaning products and chemicals used in the home. An information leaflet of all products in use were available to guide and direct staff. Cleaning products stored in the cleaning trolley were all labelled correctly. A discussion with staff members from this department demonstrated knowledge and understanding of COSHH.</p>		
<p>Recommendation 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>Care plans should accurately reflect the patient's individual assessed need; care and treatment required and include any recommendations from relevant health and social care professionals.</p>	<p>Not Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of care records evidenced that in the majority records were maintained as outlined above. However, a review of one care record identified continued shortfalls which had the potential to impact on the patients' health and welfare. Refer to section 4.4 for further detail.</p> <p>This recommendation was not met and has been subsumed into a requirement made at this inspection.</p>		
<p>Recommendation 6</p> <p>Ref: Standard 41 Criteria 8</p> <p>Stated: First time</p>	<p>Staff meetings should be facilitated at a minimum quarterly as per the DHSSPS Care Standards Guidance, April 2015 and records retained.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of information evidenced that staff meetings had been held across staff teams twice since the last care inspection. Minutes of the meetings held were available.</p>		

<p>Recommendation 7</p> <p>Ref: Standard 35.3</p> <p>Stated: First time</p>	<p>It is recommended that governance arrangements to monitor audit and review the quality of nursing and other services provided within the nursing home should be implemented and completed on a regular basis. An action plan should be developed for any identified improvements and the follow –up actions required.</p> <p>Action taken as confirmed during the inspection:</p> <p>A review of information evidenced that a suite of auditing systems had been developed and implemented since the last care inspection. A number of audits had been undertaken, these included; environmental audits, care plans and accident and incidents. However, some audit findings were contrary to the findings of this inspection and did not identify some areas for improvement. Refer to section 4.6 for further details.</p> <p>Whilst improvements were noted this recommendation was partially met and therefore has been stated for a second time.</p>	<p>Partially Met</p>
<p>Recommendation 8</p> <p>Ref: Standard 35.7</p> <p>Stated: First time</p>	<p>It is recommended that the content of the report prepared in accordance with Regulation 29 of the Nursing Homes Regulations Northern Ireland (2005) should be reviewed and developed to monitor the robustness of the homes governance arrangements.</p> <p>Action taken as confirmed during the inspection:</p> <p>A sample review of monthly quality monitoring reports, as required under Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 was undertaken. The reports reviewed were detailed and informative and included an action plan for areas of improvement across all areas examined. There was evidence that these matters had been followed up in subsequent regulation 29 monitoring reports to ensure quality improvement.</p>	<p>Met</p>

4.3 Is care safe?

The staff nurse in charge confirmed the planned daily staffing levels for the home. A review of the staffing rota for week commencing 20 March 2017 evidenced that the planned staffing levels were adhered to in the majority of occasions. Discussion with patients 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.

We also sought relative and staff opinion on staffing via questionnaires. One relative returned their questionnaire in time for inclusion in the report. The respondent was 'very satisfied' that staff had sufficient time to care for their relative.

Seven questionnaires were returned from staff. The seven staff members were satisfied that care was safe however six answered "no" to the question "Are there sufficient staff to meet the needs of the patients?" This opinion was shared with the acting manager.

A review of competency and capability assessments for three registered nurses identified on the off duty as the nurse in charge confirmed that assessments had been reviewed and updated. The assessments were signed by the registered nurse and the person responsible for completing the process. A requirement made at the last care inspection was met.

A 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) requirements. A requirement made at the last inspection was met.

Review of records pertaining to accidents, incidents and notifications forwarded to RIQA since May 2016 confirmed that these were managed appropriately. Audits of falls were maintained and clearly evidenced analysis of the data to identify any emerging patterns or trends and action plans were in place as required.

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm and fresh smelling. Some areas of the home particularly patients bedrooms were in need of re-decoration and refurbishment. A discussion with the acting manager and nurse in charge confirmed that a number of areas including bedrooms were being re-decorated and refurbished. This will be monitored at subsequent care and estates inspections. A number of matters identified at the time of the inspection were brought to the attention of management and assurances were provided that these would be addressed immediately. These included but not limited to: tiles damaged on an ensuite wall; floor covering in the linen cupboard and an identified bedroom; unsafe toileting aids; and a divan bed which was stained. Post inspection, an email correspondence was received detailing the actions taken in regards to the matters outlined above.

A number of shortfalls were identified in relation to infection prevention and control practices. The sluice rooms were untidy, unclean and items were observed to be stored on the floor and it was apparent that these areas were not being used effectively. A number of commodes examined were unclean and the frames were rusted. A laundry skip was also observed stored in a linen cupboard which had soiled items of clothing in it. Records for decontamination were not being maintained to a satisfactory standard. As referred to in section 4.6, audits in place were not sufficiently robust to capture the shortfalls identified. These issues are not consistent with infection prevention and control practice and a requirement has been made.

In addition, an identified sluice room was observed being used as a storage area. This matter was discussed with management who were advised that it should be reverted back to its original use and/or a variation should be submitted to RQIA to request a change of use. The acting manager advised that the area would be cleared and reverted back for its original purpose. Post inspection, an email correspondence was received to confirm these actions were complete.

The smoking room did not make safe provision for the disposal of cigarettes which has the potential for fire safety risks. There was also no fire blanket located within the smoking room or in the areas nearby. Risk assessments had been completed for patients identified with smoking needs.

The issues identified have the potential to impact on the health and safety of patients. These matters were discussed during feedback. Post inspection, assurances have been provided by the management at Knockmoyle Lodge that the necessary actions have been taken to ensure the safety of patients in the home. Matters identified in regards to the smoking room were relayed to the estates inspector for further consideration.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Areas for improvement

A requirement has been made to ensure that systems are established to assure compliance with best practice in infection prevention and control within the home.

Number of requirements	1	Number of recommendations	0
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4.4 Is care effective?

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and were subsequently reviewed as required. There was evidence that risk assessments informed the care planning process. Although, a review of one identified care record evidenced that although risk assessments had been undertaken in regards to choking, the information recorded was not accurate and did not reflect the current needs of the patient as per information provided by speech and language. A discussion with care staff and a review of food and fluid intake records confirmed that staff were knowledgeable of the patients’ needs and the recommendations made by speech and language therapy (SALT) and that the treatment and services provided met the patient’s individual needs.

A review of the same care record identified that a body map completed the day prior to the inspection, indicated that the patient had wounds on both legs. Care records did not reflect same and nursing staff were unaware of the patient having the wounds. The nurse in charge and other staff confirmed that this information had not been communicated at the handover report. An examination of the areas identified on the body map confirmed that the patient had areas of skin damage on both legs which had the potential to deteriorate further. These issues were concerning as they could have a direct impact on the delivery of safe effective care. The nurse in charge addressed the shortfalls identified immediately. A recommendation made at a previous care inspection was not met and has been subsumed into a requirement made.

In regards to the shortfalls identified a requirement has been made in relation to care planning.

In the majority, care records reflected that, where appropriate, referrals were made to healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) and dieticians. There was evidence within the care records of communication with relatives. Registered nurses spoken with confirmed that care management reviews were arranged by the relevant health and social care trust. These reviews were generally held annually but could be requested at any time by the patient, their family or the home.

A review sample of supplementary charts, including repositioning, evidenced that these were completed to a satisfactory standard.

A review of bowel management records and weight monitoring records evidenced that these were being recorded to a satisfactory standard and reflective of best practice guidelines. No issues were identified.

As referred to previously information reviewed and discussion with staff indicated that the handover was not effective. This was also raised in minutes of staff meetings held. A response received in a returned staff questionnaire also included the following comment; “if off for a number of days then the report may not be very informative.” A recommendation has been made.

A discussion with staff and a review of information evidenced staff meetings had been held regularly. The most recent meetings were held with care staff and registered nurses in March 2017. The records of each meeting included the list of attendees, areas discussed and decisions made and minutes were available for staff who could not attend. A recommendation made at a previous care inspection was met.

Areas for improvement

A requirement has been made in relation to care planning and a recommendation has been made in regards to handover reports.

Number of requirements	1	Number of recommendations	1
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4.5 Is care compassionate?

We arrived in the home at 11:15. There was a calm atmosphere and staff were busy attending to the needs of the patients. Patients were sitting in the lounges or their bedrooms as was their personal preferences.

A group of patients were gathered in one lounge area of the home for an activity that was taking place. Patients and staff were observed interacting well. The patients reported that they had enjoyed the activity. We spoke with the activities co-ordinator who continues to have great enthusiasm for her role within the home and strives to engage all of the patients in some form of meaningful activity.

Patients spoken with commented positively in regard to the care they received.

The following comments were provided:

“The staff are very polite and friendly.”

“Food is very good.”

“I like it here.”

No questionnaires were returned by patients.

At the time of the inspection no relatives were spoken with. Ten relative questionnaires were issued; one was returned within the timescale for inclusion in this report. The respondent indicated that they were 'very satisfied' that care was safe, effective, compassionate and well led. No additional comments were provided.

Staff spoken with were knowledgeable regarding patients' likes, dislikes and individual preferences. Observation of interactions between staff evidenced that there was good team work and respect for the various roles within the home. Ten questionnaires were issued to staff; seven were returned. The majority of responses received indicated that they were 'satisfied' or 'very satisfied' that the care in the home was safe, effective and compassionate. Although five respondents indicated that they were satisfied that care was safe they responded "no" to a number of questions including, "Are there sufficient staff members to meet the needs of the patients?" This information was shared with the acting manager.

Comments with regard to staffing have been included in section 4.3 of this report.

Furthermore, three questionnaires returned indicated that they were 'unsatisfied' that the service was 'well led'. A number of additional comments were included. Whilst three other questionnaires returned by staff indicated that they were 'satisfied' that the service was 'well led', they also responded "no" to a number of questions in this domain. These are referred to further in section 4.6 of the report.

Areas for improvement

The concerns outlined above have been managed within other domains of the report. No requirements and recommendations have been made under this domain.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The certificate of registration issued by RQIA was appropriately displayed in the home. A review of information and observations made evidenced that the home were operating within the categories of care for which the home is registered.

The home currently has temporary management arrangements in place. Discussion with the acting manager and staff raised some inconsistencies in relation to the management arrangements for Knockmoyle Lodge to include; roles and responsibilities. As referred to in section 4.5, a number of responses received in returned staff questionnaires indicated that they were 'unsatisfied' that the service was 'well led.' Additional comments included, indicated that there was a lack of clarity in relation to the organisational structure within the home, specifically the management arrangements. Post inspection, a correspondence was issued to the Registered Person for Knockmoyle Lodge, to provide clarification regarding this matter and confirm in writing the details of the individual who will have responsibility for the day to day management of the home until a registered manager has been appointed.

When the acting manager is off duty a registered nurse was identified on the duty roster as the nurse in the charge of the home.

A review of the homes' 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.

A review of information evidenced that auditing systems had been re-implemented and completed at regular intervals. A system was in place outlining the audits to be undertaken, the frequency and the person responsible for completing same. A review of a falls audit completed February 2017 evidenced that any patterns and trends were identified and actions taken to reduce potential risks.

Audits completed in regards to the environment had failed to identify a number of shortfalls we observed. For example; tiles were missing of an ensuite wall; the floor covering in the laundry room was damaged; a number of furnishings in bedrooms were in need of replacement. Some audit findings in regards to sluice areas were contrary to findings of this inspection.

A number of shortfalls were observed in regards to infection prevention and control as referred to in section 4.3. The acting manager advised audits for infection prevention and control were incorporated within the environmental audit which was not effective for monitoring this area of practice. For more information refer to section 4.3.

Whilst we acknowledge that improvements have been made in this area of practice, some of the auditing systems in place were not sufficiently robust to identify areas for improvement found during this inspection. Whilst some areas for improvement had been identified there was no evidence in some audit records that the areas for improvement had been re-audited to check compliance. The completion of the audit cycle as a means to ensure quality improvement was discussed with management. A recommendation made at a previous care inspection has been stated for a second time.

A review of monthly quality monitoring reports, as required under Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 was undertaken. The reports reviewed were detailed and informative and included an action plan for areas of improvement across all areas examined. There was evidence that these matters had been followed up in subsequent regulation 29 monitoring reports to ensure quality improvement.

Areas for improvement

No new areas of improvement were identified under this domain. A recommendation made at a previous care inspection has been stated for a second time. Concerns raised regarding the management arrangements of the home have been addressed under a separate correspondence issued by RQIA.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed 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 13 (7) Stated: First time To be completed by: 30 April 2017	<p>The registered provider must ensure that systems are established to assure compliance with best practice in infection prevention and control within the home.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: New audits introduced which also identify action needed to be taken to meet standards.</p>
Requirement 2 Ref: Regulation 16 (1) (2) (b) Stated: First time To be completed by: 23 March 2017	<p>The registered provider must ensure that a nursing care plan is prepared and kept under review as to how the patients' needs in respect of his health and welfare are to be met.</p> <p>Ref: Section 4.2 & 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: This issue was highlighted with all regulated nurses and there is a monthly review of care plans and assessments.</p>
Recommendations	
Recommendation 1 Ref: Standard 41 Stated: Second time To be completed by: 30 April 2017	<p>The registered person should ensure that the duty rota is completed in accordance with the DHSSPS Care Standards for Nursing Homes (2015).</p> <p>Ref: Section 4.2</p> <hr/> <p>Response by registered provider detailing the actions taken: This issue has been addressed - rota will be completed in black ink and stored in office when finished.</p>
Recommendation 2 Ref: Standard 35.3 Stated: Second time To be completed by: 30 April 2017	<p>It is recommended that governance arrangements to monitor audit and review the quality of nursing and other services provided within the nursing home should be implemented and completed on a regular basis. An action plan should be developed for any identified improvements and the follow –up actions required.</p> <p>Ref: Section 4.2 & 4.6</p> <hr/> <p>Response by registered provider detailing the actions taken: This has been implemented and addressed. Regulation 29 Monthly Inspections with improvements and checked 6 monthly ensuring appropriate action has been taken.</p>

<p>Recommendation 3</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2017</p>	<p>The registered provider should ensure that the handover is robust to ensure the delivery of safe effective care.</p> <p>Ref: Section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: This has been addressed. Report now includes all grades of staff at 8am and 8pm with relevant details given verbally and in writing.</p>
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The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews