

Unannounced Care Inspection Report 11 December 2017



Kingsway Nursing Home

Type of Service: Nursing Home (NH)
Address: 299 Kingsway, Dunmurry, Belfast, BT17 9EP
Tel No: 028 9060 9930
Inspector: Lyn Buckley

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 69 persons.

3.0 Service details

Organisation/Registered Provider: Healthcare Ireland (Belfast) Limited Responsible Individual: Ms Amanda Mitchell	Registered Manager: See box below
Person in charge at the time of inspection: Mrs Karen Agnew, Manager	Date manager registered: Mrs Karen Agnew – registration pending
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 registered places: 69

4.0 Inspection summary

An unannounced inspection took place on 11 December 2017 from 10.25 to 17.45.

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

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

Evidence of good practice was found in relation to staff training and knowledge, governance arrangements, effective communication between patients, relatives, staff and other key stakeholders and the culture and ethos of the home which focused on patient outcomes.

Areas for improvement under the regulations were identified in relation to the management of fire safety and contemporaneous record keeping.

Areas for improvement under the standards were identified in relation to record keeping and the maintenance of the staff duty rota.

The majority of patients described living in the home in positive terms. 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. Refer to section 6.4 for details.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	*3

*The total number of areas for improvement includes one made under the standards which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Karen Agnew, Manager, and Mandy Mitchell, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 9 October 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 9 October 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

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

During the inspection the inspector met with eight patients individually and with other in small groups; 12 staff and two patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster directing staff to an online survey was also provided.

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

The following records were examined during the inspection:

- duty rota for staff from 27 November to 17 December 2017
- staff training records
- incident and accident records
- four patient care records
- five patients' care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 9 October 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. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 4 July 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health.	Met
	Action taken as confirmed during the inspection: Review of the environment evidenced that this area for improvement had been met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 40 Stated: First time To be completed by: 30 September 2017	The registered person shall ensure that a system is developed to ensure that staff appraisals are conducted annually.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of records evidenced that this area for improvement had been met.	
Area for improvement 2 Ref: Standard 7 Stated: First time To be completed by: 30 September 2017	The registered person shall ensure that minutes derived from patient/relative meetings are made available for review by any person unable to attend the meeting.	Met
	Action taken as confirmed during the inspection: Observation of the foyer notice boards evidenced the availability of minutes from patient/relative meetings held. A notice was also displayed at the 'sign in book' reminding relatives that the minutes of the last meeting were available. This area for improvement had been met.	

<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 4 August 2017</p>	<p>The registered person shall the identified patient's catheter management is recorded consistently and is in accordance with the patient's catheter management care plan.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of two patient records evidenced that improvements had been made although there was difficulty in accessing details of the care and treatment for one patient. Discussion with the manager and responsible person provided assurances that the introduction of a new record keeping system, planned for early 2018, would address the areas of concern discussed.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 18 July 2017</p>	<p>The registered person shall ensure that skin checks are evidenced and recorded when patients are repositioned.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of records evidenced that this area for improvement had not been met and has been stated for a second time. Refer to section 6.5 for details.</p>	<p>Not met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2017</p>	<p>The registered provider should provide drying racks and drip trays in the sluice rooms in keeping with the management of infection prevention and control.</p> <hr/> <p>Action taken as confirmed during the inspection: Observations evidenced that this area for improvement had been met.</p>	<p>Met</p>
<p>Area for improvement 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2017</p>	<p>The registered person shall ensure that when action plans are developed to address shortfalls identified during audit that the action plans are reviewed to ensure that the actions have been completed.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of a selection of governance records evidenced that this area for improvement had been met.</p>	<p>Met</p>

6.3 Inspection findings

6.4 Is care safe?

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

The 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 from 27 November to 17 December 2017 evidenced that planned staffing levels were adhered to. Short notice sick leave was recorded on duty rotas with evidence of actions taken to cover the shifts. Rotas also confirmed that catering and housekeeping staff were on duty daily. The manager confirmed that the home's procedures regarding managing attendance at work were utilised as required.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff, while busy, attended to patients' needs in a timely and caring manner. Two patients raised concerns with the inspector regarding staffing levels and in particular staff turnover and their specific care requirements. Details were discussed with the manager and responsible individual during feedback.

We also sought patients', patient representatives and staff opinion in regards to the quality of care via questionnaires and an online survey. At the time of writing this report we had received no responses.

RQIA were assured from the review of records, observation of the care delivered and discussion with management, staff, the majority of patients and relatives; that staffing levels were kept under review and adjusted as necessary, to ensure the assessed needs of patients were met.

Staff recruitment information was available for inspection. Management confirmed that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records of this and other recruitment checks were maintained as required. Discussion with the manager and responsible individual and review of governance records, from 12 October 2017, confirmed that areas for improvement regarding personnel records were being addressed.

Discussion with management and staff confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. The manager also confirmed that a process was in place to ensure that the registration status of registered nurses with the NMC and care staff registration with NISCC was monitored regularly.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2017. Staff confirmed that they were required to complete mandatory training and that it comprised of passing both the e-learning theory session and for some training areas a practical session; for example, moving and handling and first aid. Records confirmed that staff received regular mandatory training such as fire safety and moving and handling, and that additional training was made available to enable staff to fulfil their role and function in the home. Records reviewed were maintained in accordance with the DHSSPS Care Standards for Nursing Homes 2015.

Observation of the delivery of care evidenced that training, such as moving and handling, had been embedded into practice. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that there were arrangements in place to embed the new regional safeguarding policy and operational procedures into practice.

Review of four patients' care records evidenced that a range of validated risk assessments were completed as part of the admission process and that these assessments were generally reviewed regularly and informed the care planning process. Refer to section 6.5 regarding record keeping.

We reviewed the system and processes regarding the management and governance of accidents and/or incidents that occurred in the home. This review evidenced that accidents/incidents were managed and reported in line with good practice guidelines and DHSSPS standards. RQIA were notified of events in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, sluice rooms, lounges, dining rooms, stairwells and storage areas. The home is undergoing major refurbishment and RQIA have been kept informed regarding the progress. Concerns regarding the temperature of the home were raised with the inspector by staff. Patients spoken with confirmed that they were comfortable and warm. It was observed that the entrance foyer was cooler than other areas of the home; this was due to the volume of persons entering and leaving the home. A review of a sample of patient bedrooms and a review of records maintained by the manager confirmed that bedrooms and patient areas such as lounges and dining areas were comfortable and warm and that the temperature of these were monitored regularly. The foyer areas of the home and the nurse office were observed to be untidy. For example old spectacles, necklaces and a bottle of sun tan lotion were observed on the nurse call system behind the desk. On the desk in the nurses office lists of patient's names were left out. These observations were discussed with the manager and addressed before the end of the inspection. It was agreed that the office areas would be 'decluttered' of items not relating to storage because of the refurbishment programme.

Observations and discussion with staff confirmed that staff were aware of their role and responsibilities regarding infection prevention and control (IPC) measures in relation to ensuring a clean environment and the use, storage and disposal of IPC equipment. Permanent alcohol gel dispensers in each corridor were in working order. However, a number of portable alcohol dispensers placed throughout the home were found to be empty. This was addressed before the conclusion of the inspection.

Fire exits and corridors were observed to be clear of clutter and obstruction. However, one fire door on the ground floor was noted to have a small bolt fitted on both sides of the door. During discussion it was confirmed that the bolts had been fitted as part of the risk assessment requirements when this area of the home was undergoing major refurbishment. However, the bolts should have been removed following completion of refurbishment work. The manager addressed this matter and the bolts were removed prior to the completion of the inspection. In addition two lounge doors were observed to be held open with wooden wedges. The manager agreed to ensure that these doors were managed appropriately and in keeping with the home fire risk assessment. An area for improvement under the regulations was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of staff training and governance arrangements for accidents and incidents occurring within the home.

Areas for improvement

An area for improvement under the regulations was identified in relation to the management of fire safety.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

We reviewed the management of pressure area care and wounds; nutrition and falls. The majority of patient records evidenced that nursing assessments and care plans reflected the assessed needs of patients and were kept under regular review. Records pertaining to the management of falls risks were reflective of good practice. However, one patient's care plans and risk assessments relating to pressure area care had not been reviewed since July 2017. Details of the findings, including other specific examples, were provided to the manager. An area for improvement under the standards was made. The manager and responsible person confirmed that they were aware of the deficits in record keeping and had an action plan in place to address these in the 'new year' with the introduction of new record keeping system.

Care records indicated that, where appropriate, referrals had been made to healthcare professionals such as TVN, Speech and Language Therapists (SALT), dieticians, care managers and General Practitioners (GPs).

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

Staff confirmed that they were aware of the need to record a contemporaneous record to evidence the delivery of care for each of the areas reviewed. However, review of the charts relating to repositioning, skin checks, food intake and fluid intake evidenced 'gaps' in the recording. For example, for one patient requiring repositioning every three hours the record reviewed evidenced that skin checks and repositioning had not taken place overnight; another patient requiring repositioned every four hours had gaps of up to five hours evidenced within their records. Food intake records reviewed evidenced that the mid-morning and mid afternoon snack were consistently left blank. As previously discussed in section 6.2 an area for improvement under the standards was stated for a second time, regarding the completion of skin checks. Concerns regarding the potential impact of the health and well-being of patients and other specific examples were discussed with the manager and responsible individual during feedback. An area for improvement was made under the regulations was made.

There was evidence of regular communication with patients and/or their relatives 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 and confirmed that the shift handover provided necessary information regarding each patient's condition and ongoing care needs.

Staff spoken with stated that there was effective teamwork and that each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their manager or the responsible person. Discussion with the manager confirmed that staff meetings were held on a regular basis and records were maintained. The minutes of the last care staff meeting on 5 December 2017 were available.

We also observed the delivery of care throughout the home and were assured that patients' needs were met. Discussion with the manager and a review of governance records evidenced that that systems and processes were in place to quality assure effective communication with patients, relatives, staff and other healthcare professionals.

Patients and relatives spoken with expressed their confidence in raising concerns with the home's staff/management and or their care manager from the Trust.

The manager and responsible individual confirmed that an overview record of patients' name, address, date of birth, marital status, religion, date of admission and discharge (where applicable) to the home, next of kin and contact details and the name of the health and social care trust personnel responsible for arranging each patients admission was maintained.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, communication between patients, staff and other key stakeholders and the culture of the home which promoted a sense of teamwork.

Areas for improvement

An area for improvement under the regulations was made in relation to contemporaneous record keeping.

An area for improvement under the standards was made in relation to the regular review of care plans and risk assessment

	Regulations	Standards
Total number of areas for improvement	1	1

6.6 Is care compassionate?

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

We arrived in the home at 10:25 hours and were greeted by staff who were helpful and attentive. Patients were observed either finishing a later breakfast or enjoying a morning cup of tea/coffee and snack in either their bedrooms or communal areas in keeping with their personal preference. Some patients were also observed in bed, in adherence with their personal wishes and/or assessed needs. Patients had access to fresh water and/or juice depending on their preferred tastes while staff were observed assisting patients to drink as required.

After lunch patients and relatives congregated in the dining room to watch a film. Patients and a relative commented that they enjoyed the experience and that the activity program was known in advance to enable them to choose if they wished to attend the activity or not. Staff were observed attending to patient needs as required throughout the showing of the film and snacks were served.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect in relation to how they spent their day and care delivery. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

The majority of patients able to communicate their feelings stated that they enjoyed living in Kingsway Nursing Home. As stated previously two out of the eight patients spoken with raised concerns regarding staffing and their specific care needs. Details regarding staffing can be viewed in section 6.4 and the effectiveness of care in section 6.5. 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. Ten patient questionnaires were issued; none were returned within the timescale for inclusion in this report.

We spoke with two relatives during this inspection. Both were complimentary of the care their relative received and of the caring attitude demonstrated by staff and management. We also observed interactions between relatives and staff throughout the inspection which demonstrated positive and effective communication. Ten questionnaires for relatives were issued; none were returned within the timescale for inclusion in this report.

We also spoke with 12 staff. Details of comments made by staff have been included throughout this report. A poster inviting staff to complete an online survey was provided. At the time of writing this report none had been completed.

Any comments received from patients, relatives or staff after the issuing of this report will be forwarded to the manager for their information and action as required.

We also reviewed a number of cards and letters received by the home.

Comments were very positive and included the following:

- “Thank you for all your help.”
- “Family of ... would like to thank all the staff and management for your wonderful compassionate care...”
- “A very sincere thank you...for all the love and care over the years.”

Observation of the serving of the lunch time meal and discussion with patients evidenced that patients enjoyed a pleasurable dining experience. Staff were observed offering and providing assistance in a discreet and sensitive manner when necessary. Staff demonstrated their knowledge of the SALT definitions of food textures, consistency of fluids and feeding techniques.

Patients, relatives and staff all commented on the refurbishment of the home and they were all looking forward to getting ‘back to normal’ in improved surroundings.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff awareness of patients’ needs, wishes and preferences; patient and staff interactions and the management of the refurbishment challenges to the day to day running of the home.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The certificate of registration issued by RQIA and a current certificate of public liability insurance were appropriately displayed in the foyer of the home. Discussion with staff, a review of records and observations confirmed that the home was operating within its registered categories of care.

Since the previous care inspection there has been a change in the management arrangements for the home. RQIA were notified of the changes as required and an application to register the manager has been received.

A review of the duty rota evidenced that the manager’s hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and relatives evidenced

that the manager's working patterns supported effective communication and engagement. Staff were able to identify the person in charge of the home in the absence of the manager. However, the duty rotas reviewed did not identify the nurse in charge of the home and on occasion the rotas did not accurately reflect the staff on duty. Details were discussed with the manager post inspection on 12 December 2017. An area for improvement under the standards was made.

Review of the governance arrangements regarding complaints, accidents/incidents, notification of events to RQIA, staff training, evidenced that the processes were effective. Additional systems were in place to monitor the management of wounds, patients' weights and compliance with infection prevention and control practices. Areas for improvement had been identified by the management team regarding record keeping and personnel records as discussed previously.

We reviewed the reports from the unannounced visit undertaken on behalf of the registered provider. These visits were completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussions with staff confirmed that there were "good working relationships" and they were enthusiastic about the home and believed they were "making a difference."

Discussion with staff evidenced that there was a clear organisational structure within the home. Staff expressed confidence in raising concerns about patient care with the nurse in charge and/or the manager if necessary. In discussion, patients and relatives were aware of the roles of the staff in the home and to whom they should speak to if they had a concern.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

An area for improvement under the standards was made in relation to the recording of the staff duty rota.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Karen Agnew, Manager, and Mandy Mitchell, Responsible Individual, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure

that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27(4) Stated: First time To be completed by: Immediate action required.	The registered person shall ensure that fire safety measures are in place and appropriately managed/monitored to ensure compliance with the home's fire risk assessment and fire regulations. Ref: Section 6.4
	Response by registered person detailing the actions taken: The 2 doors referred to within the body of the report had hold open devices installed these allow the doors to close automatically in the event of the fire alarm being activated
Area for improvement 2 Ref: Regulation 13 (1) Stated: First time To be completed by: 31 December 2017	The registered person shall ensure that patients' care charts are maintained accurately/contemporaneously; in accordance with the patient's care plan and risk assessments. Ref: Section 6.5
	Response by registered person detailing the actions taken: The completion of the care records by care staff was raised at both care staff and trained staff meetings. Their responsibility for completion of these records was emphasised and reinforced by discussions outlining standard 6 of the NISCC code for Practice. All care staff received a copy of the NISCC standards. Nursing staff were reminded of their accountability when delegating tasks to others to ensure that these tasks were completed. Therefore the supporting documentation completed by care staff is presented to the nurses for checking and signature before the staff go off duty.
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)	
Area for improvement 1 Ref: Standard 4 Stated: Second time To be completed by:	The registered person shall ensure that skin checks are evidenced and recorded when patients are repositioned. Ref: Sections 6.2 and 6.5
	Response by registered person detailing the actions taken: Further training/supervision in completion of these records has been provided to the care staff. The records are checked before care staff go off duty and a random selection of records are audited by the home manager during her daily walkaround of the home

<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2018</p>	<p>The registered person shall ensure that patient' care records, which includes care plans and risk assessments, are kept under regular review to ensure they accurately reflect the needs of the patient.</p> <p>Ref: Section 6.5</p>
<p>Area for improvement 3</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2017</p>	<p>Response by registered person detailing the actions taken: Following the inspection of review of the care files was undertaken by the manager. The named nurse allocation was reviewed and the nurses had supervision regarding their responsibilities in relation to the updating of the patient care records. The home manager audits 10% of care files each month and checks the records when their has been a significant change in the residents condition notified to her</p> <p>The registered person shall ensure that the duty rotas accurately reflect the number of staff on duty and the capacity in which they are working and that the nurse in charge of the home, in the absence of the manager, is clearly identified on the duty rota.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: Addressed</p>

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Email info@rqia.org.uk

Web www.rqia.org.uk

🐦 @RQIANews