

Unannounced Care Inspection Report 6 March 2017



Clareview House

Type of Service: Nursing Home
105 Doagh Road, Ballyclare BT39 9ES
Tel No: 0289334 9694
Inspector: James Lavery

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Clareview House took place on 6 March 2017 from 09.30 to 16.30.

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.

For the purposes of this report, the term 'patients' will be used to describe those living in Clareview House, which provides both nursing and residential care.

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 that the assessed needs of the patients were met. A review of the home confirmed that the premises were generally well maintained and noted to be clean, clutter free and warm. However, weaknesses were identified in the delivery of safe care specifically in relation to the nursing management of percutaneous endoscopic gastrostomy (PEG) tubes. Shortfalls were also identified on compliance with best practice in infection prevention and control (IPC). The moving and handling practice of patients in wheelchairs was observed and was not in accordance with best practice. Incidents had not been reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

Three requirements and three recommendations have been made to ensure compliance and drive improvements.

Is care effective?

All patients and relatives spoken with commented positively regarding the care being delivered while the majority of staff spoke enthusiastically about their roles. Supplementary care charts, such as repositioning, food and fluid intake records, evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Weaknesses were identified in the delivery of effective care specifically in relation to the use of restrictive practices and care planning. Shortfalls were also identified in relation to the deployment of staff during the provision of the lunchtime meal.

One requirement and two recommendations have been made to ensure compliance and drive improvements.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and in the majority timely. Patients were observed to be afforded choice, privacy, dignity and respect. Patients who had difficulty verbalising their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Patients and members of staff spoken with confirmed that patients were listened to, valued and communicated with in an appropriate manner.

No requirements or recommendations were made in this domain.

Is the service well led?

Monthly monitoring visits in respect of Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 were completed as required. An action plan was generated to address any areas for improvement and reviewed on subsequent monitoring visits. Shortfalls were noted in relation to record keeping for the induction of agency nursing staff and in relation to auditing processes within the home.

Two recommendations have been made to ensure compliance and drive improvements. One recommendation has been stated for the second time.

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	4	*6

*The total number of recommendations includes one recommendation which has been stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Sharon Bell, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Following the inspection a meeting was held with senior management in RQIA and it was decided to invite the registered persons to attend a serious concerns meeting at RQIA to discuss the inspection findings. This meeting was held on the 13 March 2017. At this time, an action plan was provided which outlined the actions from the registered persons taken since the inspection and the proposed actions to ensure compliance with legislation and improve the delivery of care, the management of care records and the staffing arrangements. Following consideration of the information and assurances provided by the registered persons, RQIA decided to allow a period of time in which to implement this action plan. A further unannounced inspection will be planned to ensure that improvements have been made and sustained.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced finance inspection undertaken on 29 September 2016. 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.

2.0 Service details

Registered organisation/registered person: Hutchinson Homes Ltd Naomi Carey	Registered manager: Sharon Bell
Person in charge of the home at the time of inspection: Sharon Bell	Date manager registered: 8 November 2010
Categories of care: RC-I, RC-PH(E), NH-I, NH-PH(E) A maximum of 8 residents in categories RC-I and RC-PH(E).	Number of registered places: 35

3.0 Methods/processes

Specific methods/processes used in this inspection include the following:

- 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 audit

During the inspection we met with eight patients, three relatives, five care staff, one catering staff and two ancillary staff members.

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.

The following information was examined during the inspection:

- three patient care records
- staff duty rotas for the period 27 February to 12 March 2017
- staff training records
- accident and incident reports
- complaints records
- a sample of audits
- minutes of staff meetings
- minutes of patients/relatives meetings
- monthly monitoring reports in keeping with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 29 September 2016

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

4.2 Review of recommendations from the last care inspection dated 11 April 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 38 Stated: First time	The registered person should ensure that records are kept of all the documentation relating to the recruitment process. These records should be held in staff personnel files. Details of information obtained from an Access NI Disclosure Application should be handled as per the Access NI Code of Practice and Explanatory Guide for Registered Persons.	Not Met
	Action taken as confirmed during the inspection: A review of two staff recruitment records evidenced that the date on which the outcome of Access N.I. checks had been confirmed was not recorded. This recommendation has not been met and has been subsumed into a requirement.	
Recommendation 2 Ref: Standard 22.10 Stated: First time	The registered person should ensure that falls are reviewed and analysed on a monthly basis to identify any patterns or trends and appropriate action taken.	Met
	Action taken as confirmed during the inspection: A review of records and discussion with the registered manager confirmed that all falls were appropriately audited on a monthly basis.	

<p>Recommendation 3</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The registered person should ensure that staff meetings take place on a regular basis and at a minimum quarterly.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of records and discussion with staff and the registered manager confirmed that staff meetings had taken place at least monthly.</p>		
<p>Recommendation 4</p> <p>Ref: Standard 35.6</p> <p>Stated: First time</p>	<p>The registered person should ensure that a more robust system of audits is implemented to ensure the home delivers services effectively in accordance with legislative requirements, minimum standards and current best practice. For example, records of recruitment and selection, care records, complaints, infection prevention and control.</p>	<p>Not Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of records and discussion with the registered manager evidenced that regular and robust auditing of care records, IPC, recruitment and selection records are not conducted.</p>		
<p>This recommendation has not been met and has been stated for the second time.</p>		

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 sample of duty rotas for the period 27 February to 12 March 2017 were reviewed and evidenced that planned staffing levels were adhered to. Discussion with patients and representatives during the inspection evidenced that there were no concerns expressed by them regarding staffing levels. Please refer to Section 4.6 for further information.

Weaknesses were identified in the delivery of safe care specifically in relation to the nursing management of PEG tubes. It was observed at 11.50 that a patient's PEG tube was connected to a PEG giving set which was not in use. The giving set was not placed within the PEG pump adjacent to the patient's bed although feed was still evident throughout the length of the giving set. The giving set was still connected to an empty PEG feed bag. Discussion with the registered nurse and registered manager evidenced that the patient only required enteral feeding later in the day and that no PEG giving sets were available within the home. Discussion with the registered manager and an observation of records also evidenced that no PEG giving sets had been requested from the providing pharmacy as required. It was agreed with the registered manager that the required equipment should be made available within the

home before the conclusion of the inspection. This was actioned by the registered manager. A requirement was made.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, sluices, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be well decorated, warm and comfortable. Fire exits and corridors were observed to be clear of clutter and any obstruction. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. However, during a review of a bathroom on the ground floor, incontinence products were observed to be inappropriately stored. Shortfalls were also evidenced within a sluice on the first floor which contained commodes that had been not been cleaned after use. A recommendation was made.

Shortfalls were also noted in regards to the management of moving and handling patients' in wheelchairs. During a review of the lunch time meal three patients were observed to be escorted into and out of the dining room without footplates attached to their wheelchairs. This placed these patients at a potential risk of harm to their health and safety. A recommendation was made.

Review of the current training matrix/schedule for 2016/17 indicated that there was an effective system in place to ensure mandatory training requirements were met and measures were in place to address non-compliance.

Discussion with the registered manager evidenced weaknesses in relation to notifiable incidents being reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005. A suspected safeguarding incident, which had occurred within the home since the previous inspection, had not been appropriately reported by care staff or subsequently by the registered manager in adherence with legislative requirements and current regional safeguarding protocols. One requirement and one recommendation was made.

Weaknesses were also observed in regards to recruitment and selection practice. During a review of personnel files for two staff it was observed that neither file evidenced the date on which the outcome of their Access N.I. checks were confirmed. It was further observed on one of these personnel files that a staff member had commenced employment within the Home prior to Access N.I. checks being sufficiently completed. This staff member's personnel file also evidenced that the person had commenced employment within the Home without any written references having been obtained in contravention of Regulation 21 (1) (a) (b) of the Nursing Homes Regulations (Northern Ireland) 2005. The staff member was no longer employed within the home. A requirement was made.

Areas for improvement

It is required that all patients requiring enteral feeding via a PEG tube must receive such care in adherence with multidisciplinary advice and best practice guidance. Robust arrangements must be in place so as to ensure that any equipment required for the management of patient's requiring PEG feeding is ordered and available in a timely manner.

It is recommended that incontinence products are stored appropriately at all times in compliance with best practice in infection prevention and control and that commodes are effectively cleaned following use.

It is recommended that all wheelchairs used within the home must be fit for purpose and used safely. Appropriate governance arrangements should be in place to ensure that such equipment is maintained and / or repaired as necessary.

It is required that all notifiable incidents must be reported to RQIA and any relevant bodies in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

It is recommended that appropriate governance arrangements are in place to ensure that all staff attend adult safeguarding training and therefore have sufficient awareness of the home's adult safeguarding policy to help ensure that it is embedded into practice.

It is required that staff will not be employed within the home unless all the legislative requirements as stated in Regulation 21 (1) (a) (b) of the Nursing Homes Regulations (Northern Ireland) 2005 have been met. Recruitment and selection records should also evidence the date on which information obtained from an Access N.I. disclosure application was confirmed by the registered manager.

Number of requirements	3	Number of recommendations	3
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4.4 Is care effective?

Staff stated that there was effective teamwork; each staff member spoken to 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 and that they were dealt with appropriately.

Discussion with the registered manager and review of records evidenced that patient and/or relatives meetings were held on a regular basis.

Patient and representatives stated that they knew the registered manager and expressed their confidence in raising concerns with the home's staff/ management.

Three patient care records were reviewed as part of the inspection process. It was observed that a patient admitted into the home during the previous three months did not have any care plans completed with the exception of a care plan relating to the deprivation of liberty which was written 15 days later. A range of risk assessments had been completed for the patient three days following their admission and identified a number of assessed needs for which care plans should have been written in adherence with Regulation 16 (1) of the Nursing Homes Regulations (Northern Ireland) 2005. A requirement was made.

Weaknesses were identified with regards to the use of restrictive practices. The care records of one patient who was assessed as requiring a pressure mat were reviewed. While records did include a deprivation of liberty care plan and falls risk assessment there was no record of either patient consent being obtained or collaboration with the patient's representatives. The use of a pressure mat was also not specified. The care records of a second patient assessed as requiring a pressure mat were also reviewed. Although a record of a recent review by the patient's care manager did refer to the use of a pressure mat this was not evidenced in the patient's care plans. A recommendation was made.

Observation of the delivery of care generally evidenced that patients' needs were met by the levels and skill mix of staff on duty. However, it was observed during the lunch time meal that

staffing in the dining room was insufficient to provide the level of assistance required. During the majority of lunch, 21 patients were observed to be seated in the dining room with one care assistant and one kitchen assistant serving and assisting with meals. The registered nurse was administering medications. Lunch was served in the dining room to one patient who was unable to eat independently at 12.45 and they were not assisted with their meal until 13.09. At 12.57 a care assistant was observed attempting to assist two patients with their lunch at the same time. A recommendation was made.

Areas for improvement

It is required that all patients who are admitted into the home should have a written care plan prepared by registered nursing staff in a timely manner in keeping with current legislative requirements.

It is recommended that when restraint or restrictive practices are being employed by staff, relevant risk assessments and care plans which evidence that the intervention is necessary and proportionate, should be in use and regularly reviewed. Patient consent and / or evidence of best interest procedures should also be recorded in patient’s care records.

It is recommended that the deployment of staff during mealtimes should be reviewed to ensure that at all times the staff on duty meet the care needs of patients in a safe, effective and compassionate manner.

Number of requirements	1	Number of recommendations	2
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and mostly timely. Patients were generally afforded choice, privacy, dignity and respect. Patients were very positive in their comments regarding the staffs’ ability to deliver care and respond to their needs and/or requests for assistance. Feedback received from patients during the inspection included the following comments:

- “The staff are great.”
- “I love it here.”
- “They look after me well.”

Staff generally demonstrated a good knowledge of patients’ wishes, preferences and assessed needs as identified within the patients’ care plan. Staff were also aware of the requirements regarding patient information and confidentiality.

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.

Discussion with patients and staff evidenced that arrangements were in place to meet patients’ religious and spiritual needs within the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Discussions with staff provided evidence of good staff morale and a clear sense of teamwork. Staff comments included:

"I like it here."

"I'm well supported."

"We work well ... as part of a team."

In addition to speaking with patients, relatives and staff, RQIA provided 10 questionnaires for staff to complete, 10 for relatives and five for patients. At the time of writing this report four relatives had returned their questionnaires. The questionnaire responses generally ranged from 'satisfied' to 'very satisfied' in relation to the care being provided. However, one relative did express dissatisfaction in relation to how long their relative has to wait to be assisted to the toilet. Another relative expressed dissatisfaction in relation to the level of staff supervision provided to patients in a lounge area during the evening. These comments have been brought to the registered manager's attention.

Areas for improvement

No areas for improvement were identified during the inspection.

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 and the homes certificate of public liability insurance were appropriately displayed in the home.

Discussion with the registered manager, a review of care records and observations confirmed that the home was operating within its registered categories of care.

The registered manager was able to demonstrate that all complaints had been recorded and managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and that complaints were audited on a monthly basis. A review of records and discussion with the registered manager evidenced weaknesses in regards to the lack of robust auditing processes within the home, specifically relating to care records, IPC and recruitment and selection records. The registered manager stated that although audits relating to these three areas had been commenced following the previous care inspection on 11 April 2016 the practice had not been maintained. A recommendation has been stated for a second time to ensure that a more robust and comprehensive system of audits to monitor and report on the quality of nursing and other services provided, specifically, audits of infection prevention and control, care records, recruitment and selection records.

Weaknesses were also identified in relation to the induction of agency nursing staff. The registered manager stated that such staff do receive an appropriate induction at the commencement of a shift within the home but that no written record of this induction was made. A recommendation was made.

Areas for improvement

A written record should be maintained of inductions given to all agency nursing staff at all times.

Number of requirements	0	Number of recommendations	1
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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 with Mrs Sharon Bell, registered manager 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

<p>Requirement 1</p> <p>Ref: Regulation 12, (1) (a) (b) (c)</p> <p>Stated: First time</p> <p>To be completed by: 6 March 2017</p>	<p>The registered provider must ensure that all patients requiring enteral feeding via a PEG tube receive such care in adherence with multidisciplinary advice and best practice guidance. Robust arrangements must also be in place so as to ensure that any equipment required for the management of patient's requiring PEG feeding is ordered and available in a timely manner.</p> <p>Ref: Section 4.3</p>
	<p>Response by registered provider detailing the actions taken: Already in place, email system to order giving sets. Contingency plans in place in the event of order not being delivered. Audit of stock in place, checked on a weekly basis recorded and instructions to inform manager when only box left. All home staff deliver care in adherence with best multidisciplinary advice. Induction form in place to ensure that agency staff also aware of this.</p>
<p>Requirement 2</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: 6 March 2017</p>	<p>The registered provider must ensure that all notifiable incidents are reported to RQIA and any relevant bodies in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.</p> <p>Ref: Section 4.3</p>
	<p>Response by registered provider detailing the actions taken: All notifiable events being reported to statutory bodies as per regulation 30.</p>
<p>Requirement 3</p> <p>Ref: Regulation 16 (1) (2)</p> <p>Stated: First time</p> <p>To be completed by: 6 March 2017</p>	<p>The registered provider must ensure that all patients who are admitted into the home have a written care plan prepared by registered nursing staff in a timely manner which is reflective of all assessed needs.</p> <p>Ref: Section 4.4</p>
	<p>Response by registered provider detailing the actions taken: Addressed at trained staff meeting 21/03/17 in regards to the requirement in legislation and as good practice to complete care plans in timely manner, minutes of meeting given to staff who were unable to attend, to read and sign as understood. Guidance/audit tool in place for nurses to utilise to ensure all records completed in a contemporaneous manner.</p>

<p>Requirement 4</p> <p>Ref: Regulation 21 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 6 March 2017</p>	<p>The registered provider must ensure that staff are not employed within the home until all the legislative requirements as stated in Regulation 21 (1) (a) (b) of the Nursing Homes Regulations (Northern Ireland) 2005 have been met. Recruitment and selection records should also evidence the date on which information obtained from an Access N.I. disclosure application is confirmed by the registered manager.</p> <p>Ref: Section 4.2, 4.3</p> <p>Response by registered provider detailing the actions taken: Legislative requirements being met, accessni number along with other information, dates of submission receipt and outcomes recorded on files and in staff register. References sent and received, required documents held on file.</p>
<p>Recommendations</p>	
<p>Recommendation 1</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 13 March 2017</p>	<p>The registered person should ensure that all incontinence products are stored within the home in adherence with best practice guidance on infection prevention and control and that commodes are cleaned immediately after use.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: Reiterated at all the staff meetings to all grades of staff in direct care and housekeeping staff in regards proper immediate cleaning of equipment and to cleaning schedules. Weekly environmental audit being completed by Head Housekeeper taking this into account.</p>
<p>Recommendation 2</p> <p>Ref: Standard 12.11</p> <p>Stated: First time</p> <p>To be completed by: 13 March 2017</p>	<p>The registered provider should ensure that staffing levels and the deployment of staff during the lunch time meal facilitate staff to deliver care to patients in a safe, effective and compassionate manner.</p> <p>Ref: Section 4.4</p> <p>Response by registered provider detailing the actions taken: Staffing levels are arranged to provide staff the ability to deliver care to the patients safely. Discussed at trained staff meeting to ensure that the staff are deployed to provide cover and assistance. Trained staff noted that on the day of the inspection there had been sudden sick leave causing the issue with staff cover and the nurse herself had been with a care manager while the other was in the dining room doing medication but they will be mindful of the recommendation.</p>

<p>Recommendation 3</p> <p>Ref: Standard 47</p> <p>Stated: First time</p> <p>To be completed by: 13 March 2017</p>	<p>The registered provider should ensure that all wheelchairs actively used within the home are fit for purpose and used safely at all times.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: All wheelchairs have been repaired by maintenance man and are scheduled for 6 monthly overhaul by designated company Drivedevilbiss. Audit commenced to highlight issues to assist the repair and ensure cleanliness</p>
<p>Recommendation 4</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 13 March 2017</p>	<p>The registered provider should ensure that a written record is maintained of inductions given to all agency nursing staff.</p> <p>Ref: Section 4.6</p> <hr/> <p>Response by registered provider detailing the actions taken: Induction relevant to home in place and completed by any new agency staff to the home. Records held in Nurses station</p>
<p>Recommendation 5</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: 13 March 2017</p>	<p>The registered person should ensure that where restraint or restrictive practices are being employed by staff, relevant care plans and risk assessments which evidence that the intervention is necessary and proportionate, should be in use and regularly reviewed. Patient consent and / or evidence of best interest procedures should also be recorded in patient's care records.</p> <p>Ref: Section 4.4.</p> <hr/> <p>Response by registered provider detailing the actions taken: Restraint is not used in the home and where alert mats are in place for the health and safety of the patient to minimise the risk of falls there is a risk assessment and care plan in place, which is updated regularly and as required.</p>
<p>Recommendation 6</p> <p>Ref: Standard 35</p> <p>Stated: Second time</p> <p>To be completed by: 13 March 2017</p>	<p>The registered person should ensure that a more robust system of audits is implemented to ensure the home delivers services effectively in accordance with legislative requirements, minimum standards and current best practice. Specifically, records of recruitment and selection, care records, infection prevention and control.</p> <p>Ref: Section 4.2, 4.6</p> <hr/> <p>Response by registered provider detailing the actions taken: Audits in place for records of recruitment, care records, infection prevention and control through the use of handwashing audits and weekly environmental audits</p>

<p>Recommendation 7</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 13 March 2017</p>	<p>The registered person should ensure that appropriate governance arrangements are in place to ensure that all staff attend adult safeguarding training and therefore have sufficient awareness of the home's adult safeguarding policy to help ensure that it is embedded into practice.</p> <p>Ref: Section 4.3</p>
	<p>Response by registered provider detailing the actions taken: All staff have attended safeguarding training including recently employed staff. Safeguarding and surrounding issues/reporting procedures all discussed at recent staff meetings and is regularly on the agenda when talking to staff.</p>

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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