



Unannounced Care Inspection Report 16 July 2018



Mahon Hall

Type of Service: Nursing Home
Address: 16 Mahon Hall, Portadown, Craigavon, BT62 3EF
Tel No: 028 3835 0981
Inspector: Dermot Walsh

www.rqia.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 and residential care for up to 44 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual: Dr Maureen Claire Royston	Registered Manager: Ms Cheryl King
Person in charge at the time of inspection: Cheryl King	Date manager registered: 22 September 2017
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	Number of registered places: 44 Category NH-PH for 1 identified individual only. There shall be a maximum of 3 named residents receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 16 July 2018 from 09.25 to 17.30 hours.

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 Care Standards for Nursing Homes 2015.

The term 'patient' is used to describe those living in Mahon Hall which provides both nursing and residential care.

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 staffing arrangements, recruitment practice, staff training, monitoring registration status of staff, accident management, the home's general environment, record keeping, management of incidents, quality improvement, maintaining good working relationships and in relation to compassionate care delivery.

Areas requiring improvement were identified under regulation in relation to the continued use of a keypad to exit the building and in relation to the provision of required textured diets at mealtimes. Areas for improvement under standards were identified in relation to scheduled cleaning of radiators, hand hygiene facility in the laundry and with shift handovers. An area for improvement made under standards in relation to activity provision has been carried forward for review at the next care inspection.

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. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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	*4

*The total number of areas for improvement includes one which has been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Cheryl King, registered manager, 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 21 May 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 21 May 2018. There were no further actions required to be taken following the most recent 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
- the registration status of the home
- 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 14 patients, eight staff and four patients' representatives. A poster was displayed at a staffing area in the home inviting staff to respond to an online questionnaire. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires for patients and 10 for patients' representatives were left for distribution.

A poster indicating that the inspection was taking place was displayed at the entrance to the home and invited visitors/relatives to speak with the inspector. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients, relatives and families, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff duty rota for week commencing 9 July 2018
- staff training records
- incident and accident records
- one staff recruitment and induction file
- three patient care records
- three patients' daily care charts including bowel management, personal care, food and fluid intake charts and reposition charts
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

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

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 21 May 2018

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 13 September 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 12 (1) (a)(b) Stated: First time	<p>The registered person shall ensure that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.</p>	Met
	<p>Action taken as confirmed during the inspection: A review of patient care records pertaining to wound management evidenced that these records had been maintained in accordance with best practice.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 11 Stated: Second time To be completed by: 30 October 2017	<p>It is recommended that the provisions of activities in the home are reviewed to ensure that the patients' needs are met.</p>	Carried forward to the next care inspection
	<p>Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	
Area for improvement 2 Ref: Standard 39 Criteria (1) Stated: First time	<p>The registered person shall ensure that all new staff induction programmes are kept under review and are conducted in a timely manner.</p> <p>An induction/orientation programme shall be developed for agency care staff and implemented prior to the staff member commencing their first shift in the home.</p>	Met
	<p>Action taken as confirmed during the inspection: Newly employed staff did have an induction completed in a timely manner. Additional workbooks were also available for staff to complete. An induction booklet was available</p>	

	for agency staff to complete. Registered nursing staff confirmed that they would orientate the staff member to the home prior to commencing the shift and complete further areas identified within the induction booklet throughout the shift. The agency staff member would also be included within the shift handover. Induction booklets were returned to the registered manager.	
Area for improvement 3 Ref: Standard 12 Criteria (4) Stated: First time	The registered person shall ensure that nutritional assessments are conducted monthly, or as required, on all patients accommodated in the home.	Met
	Action taken as confirmed during the inspection: A review of three patients' care records evidenced that nutritional assessments had been conducted monthly.	
Area for improvement 4 Ref: Standard 12 Criteria (27) Stated: First time	The registered person shall ensure that supplementary care records in regard to nutritional intake are recorded contemporaneously in full and that the patient's intake is in accordance with their care plans.	Met
	Action taken as confirmed during the inspection: Nutritional intake had been recorded appropriately on the three patient care records reviewed.	

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 registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 9 July 2018 evidenced that the planned staffing levels were adhered to in the majority of occasions. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Discussion with patients and patients' representatives evidenced that there were no concerns regarding staffing levels. Staff consulted confirmed that staffing levels and skill mix met the assessed needs of the patients when all staff rostered to work had presented for duty. Staff confirmed that a number of staff have recently ceased working in the home and that staffing levels were also recently affected by an increase of unplanned short notice leave. One staff member commented, 'shifts can be difficult to fill'. This was discussed with the registered manager who acknowledged the staffs' concerns and confirmed that staff, recently recruited, were awaiting completion of recruitment checks prior to commencing in post. The registered manager also confirmed that short notice leave was managed in accordance with the homes policies and procedures and that unallocated shifts on the duty rota were currently managed through staff working additional hours and bank/agency staff working requested shifts.

Review of one staff recruitment file evidenced that this was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. A review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Records reviewed confirmed that the majority of staff were compliant with mandatory training requirements. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Discussion with staff confirmed that they had received supervision and appraisals appropriately. The registered manager confirmed that supervision and appraisal planners were maintained and that records of all staff supervisions and appraisals conducted were retained for reference and review.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. An adult safeguarding champion had been identified. Records had been maintained of safeguarding concerns and RQIA had been informed and updated appropriately. Information pertaining to safeguarding was displayed on a relatives noticeboard located at the entrance to the home.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records since the previous care inspection in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Information regarding the home's involvement with a 'regional quality and safety collaboration to reduce falls' in the home was displayed at the entrance to the home.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients and staff spoken with were complimentary in respect of the home's environment. Fire exits and corridors were observed to be clear of clutter and obstruction. However, an accumulation of dust was observed on radiators which were under radiator covers. A system in place to routinely remove the radiator covers and clean underneath was not evident in the home. This was discussed with the registered manager and identified as an area for improvement. The hand wash sink in the laundry was observed to be unclean and covered with substances used in refurbishment such as paint. This was discussed with the registered manager and identified as an area for improvement.

A keypad was observed in use to exit the building. A notice was displayed next to the keypad requesting persons leaving the building to 'ask a member of staff for assistance to exit'. RQIA were aware of the use of a keypad in the home as a temporary measure in response to an identified risk. However, in the absence of any identified risk, the continued use of the keypad was discussed with the registered manager. The registered manager confirmed that this continued use was in response to an instruction from senior management within Four Seasons Healthcare. An area for improvement was made under regulation to review the use of this keypad in conjunction with guidance from the department of Health (DoH) on human rights and the deprivation of liberty (DoLs) and the home's registration categories to ensure patients in the home were not subject to de-facto detention.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example, the use of bedrails. Care plans were in place for the management of bedrails. Restrictive practices were monitored on a monthly basis in the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, recruitment practice, staff training, monitoring registration status of staff, accident management and the home's general environment.

Areas for improvement

An area for improvement was identified under regulation in relation to the continued use of a keypad lock on the door exiting the building.

Areas for improvement were identified under standards in relation to the system of cleaning radiators and hand hygiene provision in the laundry.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

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

Review of three patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, accidents and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners, speech and language therapists and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals.

Supplementary care charts such as reposition, bowel management and food and fluid intake records evidenced that contemporaneous records were maintained and that records had been maintained in accordance with best practice.

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. However, staff identified shortfalls in relation to the handover process in relation to the level of detail in the information provided and the reception of the information which was handed over. This was discussed with the registered manager and identified as an area for improvement.

Staff stated that recent staffing concerns regarding additional use of agency staff and short notice unplanned leave was affecting effective teamwork. Staff knew their role, function and responsibilities. Registered staff were concerned that in recent weeks they had spent 'a lot of time' trying to fill gaps in the duty rota created by unplanned short notice leave. Care staff commented that the teamwork was affected with 'new staff and agency staff adjusting to the home's practices'. Staff also did confirm that if they had any concerns, they could raise these with the registered manager or the nurse in charge. Staff comments were passed to the registered manager for their review and action as appropriate.

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

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping.

Areas for improvement

An area for improvement was identified under standards in relation to staff shift handover.

	Regulations	Standards
Total number of areas for improvement	0	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 09.25 hours and were greeted by staff who were helpful and attentive. Patients were enjoying a late breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

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. Staff were also aware of the requirements regarding patient information and patient confidentiality.

The registered manager advised that a recent relatives meetings had been conducted on 1 May 2018. Minutes were available were available for review.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

The serving of lunch was observed on the first floor. Lunch commenced at 13.00 hours. The meal was served in the patients' lounge. Patients were offered to be assisted to the dining room but refused. Staff confirmed that food was served where the patients wished to consume their meal. Food was served when patients were ready to eat or be assisted with their meals. Portions were appropriate for the patients to which the food was served. The mealtime was well supervised. Staff were organised to assist patients in the patients' preferred dining area. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience. One patient commented 'the food is very good and very presentable'. Staff assisting with meals were knowledgeable in respect of patients' dietary requirements. A shortfall was identified in the provision of textured meals. The inspector was informed during the inspection that on the previous day, only normal diet and puree consistency diet was catered for. This was discussed with the registered manager and identified as an area for improvement under regulation.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

- "... She was always treated with respect and kindness. I could always go home knowing she was safe and being looked after."
- "We would like to convey our sincere thanks to you all for the exceptional care and attention our mother received."

Consultation with 14 patients individually, and with others in smaller groups, confirmed that living in Mahon Hall was a positive experience. Ten patient questionnaires were left in the home for completion. None were returned.

Patient comments:

- "It's grand. I love living here."
- "There are nice people all around you."
- "The home is very very good. The food is very good and very well presented."
- "It's a hundred percent here. Very good home. The staff are first class."
- "The home is alright."
- "It's very good here. I get everything I ask for with pleasure."
- "It's great. They do anything for you."

Four patient representatives were consulted during the inspection. Ten relative questionnaires were left for completion. Two were returned within the timeframe. Both respondents indicated that they were very satisfied with the care provision across all four domains. Some patient representative comments were as follows:

- "To us as a family, the way she lights up when she sees the staff is proof alone she is being well cared for."
- "The care that my mother gets in Mahon Hall is very good and the staff are brilliant."
- "Fantastic, couldn't get a better place. Staff ring me if there are any issues."
- "We are always made to feel welcome. Come and go as we please. There is good supervision of patients here."
- "I was very impressed with the reaction of staff when my mother became unwell. I feel the care here is first class. The layout of the home is good. Would recommend this home. Would also like to see more for the patients to do during the day."

Staff were asked to complete an online survey, we had no responses within the timescale specified. Comments from eight staff consulted during the inspection included:

- "I think this is a very good home. Everyone works well as a team."
- "Love the residents and the work. Can be hard at the minute with covering shifts."
- "I am happy here. Staff are nice and friendly."
- "I love it normally but it is not great at the minute."
- "I get on here alright. Get on with all the staff."
- "I love my job."

Any comments from patients or patient representatives in returned questionnaires received after the return date or responses in online responses were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

An area for improvement was identified under regulation in relation to the provision of textured diets in accordance with dietary requirements.

	Regulations	Standards
Total number of areas for improvement	1	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 was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, infection prevention and control practices, wound management, care records and restrictive practice. In addition robust measures were also in place to provide the registered manager with an overview of the management of infections occurring in the home.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

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

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Cheryl King, registered manager, 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

<p>Area for improvement 1</p> <p>Ref: Regulation 14 (5)</p> <p>Stated: First time</p> <p>To be completed by: 6 August 2018</p>	<p>The registered person shall review the use of the front door exit keypad in conjunction with guidance from the Department of Health on human rights and the deprivation of liberty (DoLs); and the home's registration categories.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: The use of the front door exit keypad was reviewed in consultation with the Health and Safety Advisor. A survey was conducted to ascertain the view of residents. Their preference would be that the keypad remains in place. The exit code has been provided to visitors and those residents who are able to access the grounds independently.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that food served in the home meets the assessed dietary requirement for the patient to whom the food is served at all times.</p> <p>Ref: Section 6.6</p>
	<p>Response by registered person detailing the actions taken: The dietary needs of all residents have been reviewed to ensure that the assessed dietary needs of all residents have been met. Further training has been arranged and will be completed by the beginning of September 2018.</p>
<h3>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</h3>	
<p>Area for improvement 1</p> <p>Ref: Standard 11</p> <p>Stated: Second time</p> <p>To be completed by: 30 October 2017</p>	<p>The registered person shall ensure that the provisions of activities in the home are reviewed to ensure that the patients' needs are met.</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: Sections 6.2</p>

<p>Area for improvement 2</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 3 September 2018</p>	<p>The registered person shall ensure that a system is evident in the home to ensure that radiator covers are removed on a routine basis and radiators cleaned.</p> <p>Ref: Section 6.4</p>
<p>Area for improvement 3</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 3 September 2018</p>	<p>The registered person shall ensure that the hand washing facility in the laundry room is maintained clean at all times.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: A new sink and separate handwashing sink has now been installed. The cleanliness of this will be monitored via the daily walkaround. Compliance will be reviewed during completion of the Reg29</p>
<p>Area for improvement 4</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 6 August 2018</p>	<p>The registered person shall review the effectiveness of the shift handover to ensure that all staff receives all relevant information pertaining to individual patient care.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: Shift handover records are in use and all trained staff have been advised that they must relay a detailed handover to care staff and ensure that all care staff attend the handover. This will be monitored by the Registered Manager.</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 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care