Unannounced Care Inspection

Name of Establishment:	**Ambassador**
RQIA Number:	**1046**
Date of Inspection:	**18 November 2014**
Inspector's Name:	**Karen Scarlett**
Inspection ID:	**16992**

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Establishment:	Ambassador
Address:	462-464 Antrim Road Belfast BT15 5GE
Telephone Number:	028 90771384
Email Address:	ambassador-nh@hotmail.co.uk
Registered Organisation/ Registered Provider:	Amstecos Ltd Mrs Emer Bevan
Registered Manager:	Mrs Amelia Noach
Person in Charge of the Home at the Time of Inspection:	Mrs Emer Bevan and Mrs Amelia Noach
Categories of Care:	NH-A ,NH-I ,NH-PH ,NH-PH(E) ,NH-TI
Number of Registered Places:	48
Number of Patients Accommodated on Day of Inspection:	47 and 1 in hospital
Scale of Charges (per week):	£581 - £609
Date and Type of Previous Inspection:	27 November 2013, primary unannounced inspection
Date and Time of Inspection:	18 November 2014 12:30 – 18:40
Name of Inspector:	Karen Scarlett

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

4.0 Methods/Process

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

- Discussion with the Registered Provider
- Discussion with the Registered Nurse Manager
- Discussion with staff
- Discussion with patients individually and to others in groups
- Consultation with relatives
- Review of a sample of policies and procedures
- Review of a sample of staff training records, induction records and competency assessments
- Review of a sample of staff duty rotas
- Review of a sample of care plans
- Review of the complaints
- Review of the monthly quality reports
- Observation during a tour of the premises
- Evaluation and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke with:

Patients	12 and with others in groups
Staff	7
Relatives	4
Visiting Professionals	1

Questionnaires were provided during the inspection, to relatives / patient representatives and staff to seek their views regarding the quality of the service.

Issued To	**Number Issued**	**Number Returned**
Patients	0	0
Relatives/Representatives	3	1
Staff	10	5

6.0 Inspection Focus

Prior to the inspection, the responsible person/registered manager completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by the responsible person/registered manager in the self-assessment were not altered in any way by RQIA. The self-assessment is included as appendix one in this report.

However, due to workload pressures and contingency measures within the Regulation Directorate, the only theme within the self-assessment inspected on this occasion was in regards to wound care, given requirements made at the previous inspection. Refer to section 9.0.

This inspection also sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

Standard 19 - Continence Management

Patients receive individual continence management and support.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance Statement	**Definition**	**Resulting Action in Inspection Report**
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of Service

The Ambassador Private Nursing Home is situated on the main Antrim Road close to shops, a post office and is within walking distance of bus stops. The home is a short bus ride from the City Centre.

The facility is a large detached building extended to provide accommodation for forty eight patients/residents. The home has thirty six single rooms and six shared rooms. Eighteen of the bedrooms have en suite bathrooms. Facilities are provided over three floors with bedroom accommodation on all levels. Toilet and bathroom facilities are located throughout the home. The upper floors are serviced by a passenger lift. The lounge and dining facilities are situated on the ground floor.

Laundry and kitchen facilities are available within the home. The home is well maintained and features many home comforts. There is adequate car parking provided within the grounds of the home.

Works are currently underway to extend the existing ground floor lounge, add toilet facilities and a hairdressing salon in consultation with RQIA.

The home is currently registered to accommodate the following categories of care:

Nursing care

I	old age not falling into any other category…..if required… to a maximum of 31 patients
PH	physical disability other than sensory impairment under 65
PH (E)	physical disability other than sensory impairment over 65 years
TI	terminally ill
A	maximum of 2

8.0 Executive Summary

The unannounced inspection of Ambassador Nursing Home was undertaken by Karen Scarlett on 18 November 2014 between 12:30 and 18:40. The inspection was facilitated by Emer Bevan until 13:30 and subsequently by the registered manager, Amelia Noach who was available for verbal feedback at the conclusion of the inspection.

The focus of this inspection was Standard 19: Continence Management and to assess progress with the issues raised during and since the previous inspection on 27 November 2013.

Patients/residents were observed to be comfortable and content in the home and no concerns were raised regarding their care. Relatives spoken with were overwhelmingly positive in their comments regarding the home. Interactions between patients/residents and staff were observed to be relaxed and respectful with needs responded to promptly. Refer to section 11.5 for further details about patients/residents and relatives

There was evidence that a continence assessment had been completed for the majority of patients. This assessment formed part of a comprehensive and detailed assessment of patient/resident needs from the date of admission and was found to be updated on a regular basis and as required. The assessment of patient/resident needs was evidenced to inform the care planning process. Comprehensive reviews of both the assessments of need and the care plans were maintained on a regular basis and as required in records reviewed.

Discussion with the registered manager confirmed that staff were trained and assessed as competent in continence care.

Policies, procedures and guidelines in the promotion of continence and the management of incontinence were available in the home. A recommendation has been made for additional guidelines to be made available to staff and used on a daily basis. Another recommendation regarding the updating of the continence policy has been made.

Staff reported that continence products were readily available. However, a recommendation has been made concerning the correct storage of continence products.

From a review of the available evidence, discussion with relevant staff and observation, the home was found to be substantially compliant with standard 19. Three recommendations have been made in this regard. Refer to section 10.0.

An examination of the duty rotas evidenced that staffing was in accordance with RQIA staffing guidance for nursing homes. Discussion with staff and returned questionnaires raised no concerns from staff and comments were very positive regarding the home, the manager and the care provided. Refer to section 11.6.

The home was generally well maintained, although there were two issues raised. A metal unit in an identified sluice required urgent cleaning and the manager gave assurances that this would be addressed that day. There were also a number of rusted bins identified in bathrooms and a requirement is made that these be replaced to enable effective cleaning. Refer to section 11.7.

The inspector can confirm that at the time of this inspection, the delivery of care to patients/residents was evidenced to be of a good standard and patients were observed to be treated by staff with dignity and respect.

The inspector reviewed and validated the home's progress regarding the two requirements and 15 recommendations made at the last inspection on 27 November 2013. Compliance outcomes were as follows: one requirement was compliant. Another requirement had been made regarding the annual report. The report was not made available on the day of inspection but was subsequently sent to RQIA as requested. The draft report requires some improvements; therefore, this requirement has been stated for the third time. It should be noted that failure to comply with this requirement may result in further enforcement action being taken. Seven recommendations had been fully complied with; eight recommendation have been restated, two for a third time and six for a second time.

As a result of this inspection, one further requirement and three recommendations have been made.

Details can be found under Sections 9.0, 10.0 and 11.0 of the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients/residents, the visiting professionals, registered manager, registered nurses and staff for their assistance and co-operation throughout the inspection process. The inspector would also like to thank the relatives and staff who completed questionnaires.

8.1 Post Inspection

The registered manager agreed to send the draft copy of the current annual report to RQIA and this was received on 19 November 2014.

9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	17	The registered person shall introduce and ensure systems are maintained for reviewing the quality of nursing and other service provision in the nursing home. A report is to be written on an annual basis and evidence consultation with patients and their representatives. **Ref: previous report**	The annual report was not available on the day of inspection but a draft copy was subsequently sent to RQIA as requested. The registered person stated that the report is due for issue at the end of December. As this is still in draft form the requirement will be stated for the third time.	Substantially compliant
2.	12 (1) (a) and (b)	The registered person shall provide treatment, and any other services to patients in accordance with the statement of purpose, and shall ensure that the treatment and other services provided to each patient – (a) meet his individual needs; (b) reflect current best practice **Ref: previous report**	A review of four care records evidenced that the individual needs of patients/residents were being met and current best practice reflected. This requirement has been addressed.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	10.2	It is recommended when a patient's behaviour is uncharacteristic and causes concern, a documented plan of care meets the individual's assessed needs and comfort is drawn up and agreed with patients, their representatives and relevant professionals, as required. **Ref: previous report**	In one of the care records examined there was no care plan in place to respond to the patient's challenging behaviours. In another record, a care plan was in place but was insufficiently personalised to detail the triggers for the patients' behaviours or the best strategies to use to respond to these. There was evidence of referral to and discussion with relevant professionals. This recommendation will be stated for the third time.	Moving towards compliance
2	26.2	It is recommended the policies and procedures for treatment and care are evidenced based and in line with current best practice as defined by professional bodies and national standard setting organisations. This recommendation is in respect of the development of a policy on responding to behaviours which challenge staff and the service. **Ref: previous report**	Whilst this policy was in place it did not include references to evidence based or current best practice guidelines. The policy should also be signed, dated and ratified by the registered provider. This recommendation will be stated for the second time.	Substantially compliant

3	5.3	It is recommended evidence is present in patients' care records of consultation and/or involvement of patients and/or their representatives in the planning of care. **Ref: previous report**	An examination of the care records demonstrated efforts to evidence the inclusion of patients/residents and their representatives. A proforma has been introduced to evidence discussion with patients/residents and their representatives regarding the care plans, usually undertaken at the care review. However, where this was apparent in some records it was not yet completed consistently**.** This recommendation will be stated for the third time.	Substantially compliant
4	28.1	It is recommended the induction training programme provided by the home evidences the signature of the supervisor and inductee and a final statement of competency of the registered manager is present. **Ref: previous report**	Two recently completed induction records were reviewed and were found to be signed by the supervisor, inductee and manager. There was also evidence of ongoing staff supervision. This recommendation has been addressed.	Compliant
5	30.4 and 16.3	It is recommended the competency and capability assessment for nurses designated to be in charge of the home is reviewed to ensure it accurately reflects the nurses' responsibilities. **Ref: previous report**	A review of the competency and capability assessments of registered nurses was found to be reflective of their responsibilities. This recommendation has been addressed.	Compliant

6	25.11	It is recommended a system to re-evaluate any shortfalls noted during audits undertaken in the home is introduced. The registered manager should confirm shortfalls have been addressed in a timely manner. **This recommendation is carried forward for review from the previous inspection report.**	The registered manager has introduced a robust auditing programme whereby each named nurse is issued with feedback on the specific actions required as an outcome of the audits. This is commendable and should be sustained. This recommendation has been addressed.	Compliant
7	34.1	It is recommended infection control audits undertaken are comprehensive and in accordance with best practice guidelines as per the Public Health Agency. A nurse should be designated as the link nurse for infection control and assume responsibility for undertaking regular audits. **This recommendation is restated from the previous inspection report.**	The home had two designated infection prevention and control link nurses. There was evidence of ongoing, focused environmental audits and any shortfalls were being actioned appropriately. This recommendation has been addressed.	Compliant

8.	26.1	It is recommended the policy on quality assurance for the home includes information/arrangements for the regulation 29 monthly monitoring reports and the completion of the annual quality report. Information should also be detailed that these reports are available in the home and patients and/or their representatives may read the reports if they so wish. **Ref: previous report**	The policy was found to include the arrangements for the monthly reports and the completion of the annual quality report. This element of the recommendation is compliant. However, there was insufficient information currently available to patients and their representatives on how to access these reports should they wish to do so. This element of the recommendation has been stated for the second time.	Substantially compliant
9	25.12	It is recommended the regulation 29; monthly monitoring report reflects the information as detailed in theme 1 section B. **Ref: previous report**	The Regulation 29 reports were found to reflect the information recommended in the previous report including anonymised patients/residents and staff details and specific action plans to address any identified issues. This recommendation has been addressed.	Compliant

10	25.13	It is recommended the annual quality report includes, for example, evidence of consultation with patients, representatives and staff, outcome and action taken in response to patients/representatives satisfaction questionnaires, action taken to address any deficits identified through audit or consultation. **Ref: previous report**	A draft copy of the annual report was forwarded to RQIA post inspection. The report requires further development to reflect the outcomes and actions taken in response to questionnaires and consultation. This recommendation has been stated for the second time.	Substantially compliant
11	5.4	It is recommended the reassessment and/or evaluation of risk assessments and care plans is completed in a consistent and timely manner. **Ref: previous report**	An examination of the care records evidenced that risk assessments and care plans were being consistently updated at least monthly. Audits of the care records were also highlighting any required updates. This recommendation had been addressed.	Compliant
12	11.7	It is recommended that there is validation of registered nurses knowledge of wound assessment, management and treatment, including wound care products and dressings. **Ref: previous report**	An examination of competency assessments, staff supervision records and training records could not evidence that this had been achieved. This recommendation has been stated for the second time.	Moving towards compliance

13	10.7	It is recommended that where a restrictive practice is in use i.e. lap belt, a corresponding care plan is in place and evidence is present of regular review of the care plan. **Ref: previous report**	From the care records examined there was evidence that care plans were in place for the use of potentially restrictive practices in regards to specialist seating and bed rails. There was evidence of patients/residents, family and professional involvement in decision making and the care plans were regularly reviewed. This recommendation has been addressed.	Compliant
14	5.3, 11.3, 11.4 and 11.6	It is recommended nursing care plans in relation to wound care management evidence the following; • body mapping charts • regular photography of the wound • regular review of pain management • wound assessment chart • wound progress chart • skin care information leaflets are given to patient and/or representatives • repositioning charts are accurately and consistently recorded • the weight record reflects when a patient has refused to be weighed • patient's daily progress record comments on the	From an examination of the care records significant improvement was noted in meeting this recommendation. Body mapping, wound assessment and wound progress charts were consistently in place. The wound progress charts enabled objective comments to be made on the status of the wound following dressing changes. Repositioning charts were in place when appropriate and there was evidence of consistent recording. However, the condition of the skin at the time of repositioning was not being consistently recorded. Patient's/resident's weights were consistently and appropriately recorded in the records examined. There were no photographs taken of wounds and no skin care leaflets available to patients/residents or their representatives.	Substantially compliant

		status of a wound following dressing/redressing **Ref: previous report**	Pain assessment charts had been initiated and these were kept with the medicine recording sheets. Recording of the pain assessment, however, was inconsistently completed. Elements of this recommendation have been stated for a second time	
15	11.7	It is recommended the registered manager ensures registered nursing staff undertake training and/or are competent in relation to wound care management. **Ref: previous report**	Two wound care link nurses have been appointed and training in wound care had not yet taken place. This recommendation has been stated for the second time.	Moving towards compliance

9.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Since the previous inspection on 27 November 2014 RQIA have not been notified by the home of ongoing investigations in relation to potential or alleged safeguarding of vulnerable adults (SOVA) issues. There have also been no whistleblowing concerns or complaints reported to RQIA.

10.0 Inspection Findings

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed: 19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.	**COMPLIANCE LEVEL**
Inspection Findings:	
Review of four patients'/resident's care records evidenced that continence assessments were undertaken. The outcome of these assessments, including the type of continence products to be used, was incorporated into the patients' care plans on continence care. There was evidence in all four patient's/resident's care records that bladder and bowel assessments and continence care plans were reviewed and updated on a monthly basis or more often as appropriate. The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. Urinalysis was undertaken and patient/residents were referred to their GPs as appropriate. From the patient's care records reviewed and it could not be consistently evidenced that either the patient or their representatives had been involved in discussions regarding the agreeing and planning of nursing interventions. A recommendation in this regard has been stated for a third time. The care plans reviewed addressed the patients' assessed needs in regard to continence management. Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home. However, during a tour of the premises it was observed that continence pads had been taken out of their packaging and were being stacked on shelves in bathroom cupboards. This practice could potentially compromise the efficacy of the products and does not meet with best practice guidance in terms of infection prevention and control. A recommendation has been made.	Substantially compliant

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed: 19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.	**COMPLIANCE LEVEL**
Inspection Findings:	
The inspector can confirm that the following policies and procedures were in place; • promotion of continence and management of incontinence • catheter care However, the promotion of continence and management of incontinence policy had not been recently updated and a recommendation has been made that this is updated, signed, dated and ratified by the registered provider. The inspector can also confirm that the following guideline documents were in place: • Alzheimer's Society guidelines on continence care. Discussion with staff evidenced that they were aware of the policies but they were unaware of any current continence guidelines. A recommendation has been made for the following guidelines to be readily available to staff and used on a daily basis: • British Geriatrics Society Continence Care in Residential and Nursing Homes • NICE guidelines on the management of urinary incontinence • NICE guidelines on the management of faecal incontinence • RCN continence care guidelines	Moving towards compliance

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.	**COMPLIANCE LEVEL**
Inspection Findings:	
Not applicable.	Not applicable
Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.	**COMPLIANCE LEVEL**
Inspection Findings:	
Discussion with the registered manager and review of training records confirmed that some care staff had attended training in continence care this year. All staff spoken with had previously attended continence training. All staff spoken to were knowledgeable about the important aspects of continence care including the importance of dignity, privacy and respect as well as skincare, hydration and reporting of any concerns. Staff spoken with highlighted that continence was emphasised regularly at shift handovers. The manager confirmed that designated registered nurses were competent in female and male catheterisation. Monthly quality monitoring also takes place within the home including an audit of care records which the inspector was assured would identify any continence care issues.	Compliant

Inspector's overall assessment of the nursing home's compliance level against the standard assessed	**Substantially compliant**

11.0 Additional Areas Examined

11.1 Care Practices

During the inspection staff were noted to treat the patients with dignity and respect. Good relationships were evident between patients and staff.

Patients were well presented with their clothing suitable for the season. Staff were observed to respond to patients' requests promptly. The demeanour of patients indicated that they were relaxed in their surroundings.

11.2 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

The inspector discussed the management of complaints with the registered manager and reviewed the complaint record. This evidenced that complaints were managed in a timely manner and in accordance with legislative requirements.

11.3 Patient Finance Questionnaire

Prior to the inspection a patient financial questionnaire was forwarded by RQIA to the home for completion. The evidence provided in the returned questionnaire indicated that patients' monies were being managed in accordance with legislation and best practice guidance.

11.4 NMC Declaration

Prior to the inspection the registered manager was asked to complete a proforma to confirm that all nurses employed were registered with the Nursing and Midwifery Council of the United Kingdom (NMC).

The evidence provided in the returned proforma indicated that all nurses, including the registered manager, were appropriately registered with the NMC.

11.5 Patients/Residents and Relatives Comments

The inspector spoke with 12 patients individually and with the majority of others in smaller groups. Patients spoken with confirmed that they were treated with dignity and respect, that staff were polite and respectful, that they could call for help if required, that needs were met in a timely manner, that the food was good and plentiful and that they were happy living in the home. No concerns were raised by patients. A number of patients were unable to express their views verbally. These patients indicated by positive gestures that they were happy living in the home.

Examples of patients' comments were as follows:

"I am very happy here."
"I am looked after well."
"The staff are very good."

There was discussion with three relatives and one kindly completed a questionnaire. The comments were overwhelmingly positive in regards to the care provided, the environment and the staff. One relative commented:

"Mum is content and happy in the Ambassador and the standard of care is excellent."

11.6 Questionnaire Findings/Staff Comments

The inspector spoke with seven staff including registered nurses and care assistants. The inspector was able to speak to a number of these staff individually and in private. Five staff completed questionnaires. Staff responses in discussion and in the returned questionnaires indicated that staff received an induction, completed mandatory training, completed additional training in relation to the inspection focus and were very satisfied or that patients were afforded privacy, treated with dignity and respect and were provided with care based on need and wishes. No concerns were raised by staff.

Examples of staff comments were as follows;

"We give the elderly people at the Ambassador a home from home environment."
"All staff deliver good quality care to the residents in the home."
"I find my job in Ambassador very fulfilling."

An examination of three weeks duty rotas evidenced that staffing levels were in accordance with RQIA staffing guidance for nursing homes.

A visiting professional was keen to give positive feedback regarding the staff, management and the care provided in the home. A number of their patients had been cared for in the home over many years, some with very complex needs and they were very happy with the care.

11.7 Environment

The inspector undertook an inspection of the premises and viewed the majority of the patients' bedrooms, bathroom, shower and toilet facilities and communal areas. The home was comfortable and most areas were maintained to a high standard of hygiene. One metal unit in the sluice on the second floor was found to be soiled and in need of urgent cleaning. The registered manager gave assurances that this was on the cleaning schedule for that day and would be attended to. There were also a number of rusted bin frames and lids which could not be effectively cleaned and were, therefore, in need of replacement. A requirement has been made.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Amelia Noach, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

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Appendix 1

Section A	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.1 • **At the time of each patient's admission to the home, a nurse carries out and records an initial assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient's immediate care needs. Information received from the care management team informs this assessment.** **Criterion 5.2** • **A comprehensive, holistic assessment of the patient's care needs using validated assessment tools is completed within 11 days of admission.** **Criterion 8.1** • **Nutritional screening is carried out with patients on admission, using a validated tool such as the 'Malnutrition Universal Screening Tool (MUST)' or equivalent.** **Criterion 11.1** • **A pressure ulcer risk assessment that includes nutritional, pain and continence assessments combined with clinical judgement is carried out on all patients prior to admission to the home where possible and on admission to the home.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulations12(1)and (4);13(1); 15(1) and 19 (1) (a) schedule 3**	

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
5.1 Prior to a patient's admission to the Home, the patient or their representative are invited to view the Home and ask any relevant questions to make an informed choice about the placement. Should the patient wish to be admitted to the Home, the Nursing team will request all relevant assessments from Care Management or Social Worker as appropriate. A pre-admission assessment will then be carried out by the Registered Manager or a member of the Nursing Team prior to admission. An admission profile will be completed with the patient and where possible the family. This is a comprehensive document which allows the Nurse to asses; activities of daily living (their needs), nutritional information check skin condition, braden (if known) and other relevant nursing information. This information all forms the basis from where nursing related problems will be indentified and from were a nursing care plan will be derived. 5.2 A comprehensive holistic assessment using validated assessment tools will be completed within 11 days of admission including a) falls risk assessment, b) moving & handling, c) Braden score, d) bed rail risk assessment, e) nutritional assessment f) continence assesment g) MUST Score. 8.1 Nutritional Screening is carried out with all patients as part of the admission process using the MUST Tool. Any risks identified using the MUST Tool are identified and referrals made to multidisciplinary teams as appropriate. These referrals are recorded and communicated to the patient/and or their representative. Risks identified during nutritional screening are captured in the plan of care for the patient. 11.1 All new patients will be assessed for pressure ulcer risk upon admission to the nursing home using a Wound Assessment chart. In circumstances where the patient is assessed as at risk of developing a pressure ulcer, steps will be taken immediately to minimise same. These steps will include the provision of an air mattress, referral to Occupational Therapy for specialised seating, nutritional intake chart commenced, pain management and referral to the relevant Multidisciplinary teams. Care Plans will be put in place to reflect the plan of care in dealing with pressure ulcers or potential pressure ulcers. Body maps are carried out on patients on admission to the Home. In cases where patients are admitted with a pressure ulcer or do develop a pressure ulcer following admission, a more detailed wound management plan is put in place.	Compliant

Section B	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.3 • **A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients' and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professional.** **Criterion 11.2** • **There are referral arrangements to obtain advice and support from relevant health professionals who have the required expertise in tissue viability.** **Criterion 11.3** • **Where a patient is assessed as 'at risk' of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual's needs and comfort is drawn up and agreed with relevant healthcare professionals.** **Criterion 11.8** • **There are referral arrangements to relevant health professionals who have the required knowledge and expertise to diagnose, treat and care for patients who have lower limb or foot ulceration.** **Criterion 8.3** • **There are referral arrangements for the dietician to assess individual patient's nutritional requirements and draw up a nutritional treatment plan. The nutritional treatment plan is developed taking account of recommendations from relevant health professionals, and these plans are adhered to.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulations13 (1);14(1); 15 and 16**	

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
5.3 Ambassador Nursing Home operates a system of allocation of a Primary Nurse to each patient. When the Primary Nurse is unavailable or not on duty, the staff nurses on duty will be responsible for patient care. The patient will be nursed according to their individual care plan and individual needs. Following assessment, information from the patients GP and multidisciplinary team will be built into their care plan were it has been recommended. The information be shared on a daily basis amongst the nursing staff and care assistants. Any changes with the patients condition, treatment plan or multidisciplinary input will be communicated to the family via phone call or during visits to the home. This new information will also be reflected on our monthly evaluation reports and during care review meetings with family and Care Management. 11.2 Ambassador Nursing Home Nursing staff effectively utilise the experience and expertise of Tissue Viability Nurses within Belfast Trust at all times. This relationship allows Ambassador staff to learn from Tissue Viability in new practices wound management and to avail of formal training programmes provided by Tissue Viability Team. Referrals are made in a very timely manner to Tissue Viability where appropriate. Five Registered Nurses and seven Care Assistants in Ambassador Nursing Home have been trained in Pressure Awareness. 11.3 If a patient is assessed using a Preliminary Pressure Ulcer Assessment tool as "at risk", then a full Wound Assessment is undertaken and a documented prevention and treatmeant programme is put in place that meets the individuals needs and is agreed with the relevant professionals. This plan of care is updated in a timely manner. Where necessary a patient is referred to TVN using Tissue Viability Referral Form.	Compliant

Section C	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.4 • **Re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1) and 16**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
5.4 Assesments are carried out when attending to individual patients needs and also throughout the course of the day\night. . If any changes in condition\treatment or any care issues\complaints arise they will be documented and any changes to care plan are adjusted when the patient's conditions changes. There is also a monthly evaluation of care plans carried out and documented in the individual patients notes.	Compliant

Section D	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.5 • **All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations.** **Criterion 11.4** • **A validated pressure ulcer grading tool is used to screen patients who have skin damage and an appropriate treatment plan implemented.** **Criterion 8.4** • **There are up to date nutritional guidelines that are in use by staff on a daily basis.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation 12 (1) and 13(1)**	

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
5.5 Standard 5.5 is maintained by all RGN's practising within the nursing home are registered with the NMC (Nursing & Midwifery Council). Registration must be updated annually and all RGN's must be aware of the scope of practise\role and the responsibilities associated with being an RGN. All RGN's must continually update their own professional developement records. RGN's must understand and comply fully with Health & Social Care policies and procedures in addition to the policies and procedures of the nursing home. All RGN's must attend mandatory training sessions and recognise their own limitations by referring, when necessary to their experience, other staff nurses\multidisciplinary teams. NIPEC Guidelines are sought regularly aswell as information published following research carried out by Royal College of Nursing. 11.4 The Northern Ireland Wound Care Formulary 2nd Edition April 2011 tool is used to grade pressure ulcers or skin damage. Following the grading of the wound, the appropriate treatment plan is implemented until the wound has healed satisfactorily. TVNs may form an integral part of compiling the appropriate treatment plan and their advise is adhered to consistently by Registered Nurses within the Home. 8.4 Staff in Ambassador Nursing Home rely on up to date nutritional guidelines from Foods Standards Agency (FSA) and liase closely with Dieticians and Speech and Language Therapy to ensure the appropriate methods are used for maintaining nutrition. Information from SALT and Dieticians form an integral part of care planning in order to maintain good nutritional status.	Compliant

Section E	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.6 • **Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients.** **Criterion 12.11** • **A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory.** **Criterion 12.12** • **Where a patient's care plan requires, or when a patient is unable, or chooses not to eat a meal, a record is kept of all food and drinks consumed.** **Where a patient is eating excessively, a similar record is kept.** **All such occurrences are discussed with the patient are reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 19(1) (a) schedule 3 (3) (k) and 25**	

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
5.6 All patients details must be completed as part of the admission process to Home. Information required to formulate the Care plans will be obtained from the patient or, if the patient is unable to give information or participate in developing their own care plan, his\her Next of Kin shall be required to provide necessary information. Care records are kept for each individual patient following admission to the nursing home and RGNs must update these records monthly or more regularly if changes in the patients plan of care occur. All RGN's must ensure that health care records for each patient are an accurate account of treatment, care planning, and delivery aswell as information and all outcomes shared. 12.11 A record is kept of all meals served on a daily basis and this is available for RQIA inspection and for Environmental Health inspectors. In cases whereby a patient requires assistance with their meals or is deemed to be at risk of malnourishment, a detailed account is recorded of the meal offered and the amount of the meal consumed. This record is used to ascertain whether a referral to Multidisciplinary Team may be required or whether supplements would be necessary. 12.12 Where a patient has a care plan in place for risk of malnourishment or risk of obesity, a record of all food and drinks consumed is kept. If the patient is not at risk of obesity or malnourishment but chooses not to eat a meal, an alternative meal will be offered. If this becomes a regular occurrence, a care plan will be put in place outlining the reasons why the patient is choosing not to eat the meal and planning out the strategy to maintain an acceptable nutritional status. All referrals to relevant professionals are recorded and a record of the action recommended is maintained. RGNs will calculate the targets for individual patients on the fluid balance sheet so that Care staff are aware of the target to be reached.	Compliant

Section F	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.7 • **The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation 13 (1) and 16**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
Information incorporated into the nursing care plans is written in a concise\systematic manner that facilitates it's use by all nursing personnel. The patient's response to the nursing interventions are documented within each 12 hour shift. All nurses are aware that the care plan is subject to change as the patients health issues change and should be modified accordingly. On a monthly basis, nursing intervention and the patients responses to the interventions is recorded. The communication section of the evaluation sheet is multidisciplinary. Any information given to the patient or relative should be documented e.g. if the patient received any bad news, any major change in the care or treatment, health education. In addition any complaints or difficulties about the patients care or treatment will also be fully documented and raised at the patients Care Review meeting arranged by Care Management. Daily evaluation entries every 12 hour period formulate the basis for care plans and reassessment of patient care.	Compliant

Section G	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.8 • **Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multidisciplinary review meetings arranged by local HSC Trusts as appropriate.** **Criterion 5.9** • **The results of all reviews and the minutes of review meetings are recorded and, where required, changes are made to the nursing care plan with the agreement of patients and representatives. Patients, and their representatives, are kept informed of progress toward agreed goals.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13 (1) and 17 (1)**	

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
5.8 All patients are encouraged to join in care review meetings arranged by HSC Trusts and patients who wish to contribute in person are facilitated to do so. Historically in Ambassador Nursing Home, most patients have chosen not to participate and many are unable to participate in any event. Patients who are unable to participate in a formal capacity are advised by Staff in Ambassador Nursing Home of the plans made to strategise their care and their agreement is sought by Registered Nurses. In cases whereby the patient does not have capacity to agree to the plan of care, agreement is sought from the patient's representative. The Registered Nurses record all consultation with patients and/or their representatives. 5.9 The results of all reviews and the minutes of review meetings are recorded by HSC Trust Staff and forwarded to Ambassador Nursing Home and to the patient or the patient's representative. The most recent minutes are maintained in the patients nursing notes and previous minutes are held in a separate file. Progress toward any agreed goals or changes to planned care are reported to patients and their representatives on an ongoing basis. Ambassador Nursing Home promotes an "open door" policy allowing patients and their families informally receive updates from Staff as regarding patient care as well as the more formal approach.	Compliant

Section H	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 12.1 • **Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences.** **Full account is taken of relevant guidance documents, or guidance provided by dieticians and other professionals and disciplines.** **Criterion 12.3** • **The menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided.** **A choice is also offered to those on therapeutic or specific diets.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 13 (1) and 14(1)**	

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
12.1 Patients are provided with a nutritious and varied diet based on locally produced seasonal produce. The menu is rotated quarterly and patient's views are considered when devising menu plans. When a patient states preferences in their meal plans, these are communicated to the catering staff and same is recorded. If the patient has specific dietary requirements due to a nursing/medical need, this is communicated to all staff involved in care and to the catering staff who consider patient's individual likes and dislikes when offering meals. All advise arising from consultation with SALT and Dieticians is communicated to Catering Staff and to Care Staff so that all members of the team are aware of specific dietary requirements and preferences. 12.3 Patients are offered a choice of meal at each mealtime and side dishes are served in individual receptacles in case patients do not wish to have the side dish offered. In cases where a patient does not wish to have either of the choices offered, Catering staff will endeavour to offer them a substitute of their choice. Patients who do not have the capacity to choose their meal for themselves rely of staff who know the patient's likes and dislikes to relay this information to Catering Staff in making their choice. In cases where patients request foods that SALT has advised them not to consume, Nursing staff liase with the patient to explain clearly the risks associated with the patient having these food types. Where possible the Nurse will offer an alternative within the same band of food types which would be safe for the patient to eat. Milk shakes, milk puddings etc are offered to patients who do not have a sufficient calorie intake or may refuse meals at given times.	Compliant

Section I	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 8.6 • **Nurses have up to date knowledge and skills in managing feeding techniques for patients who have swallowing difficulties, and in ensuring that instructions drawn up by the speech and language therapist are adhered to.** **Criterion 12.5** • **Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times.** **Criterion 12.10** • **Staff are aware of any matters concerning patients' eating and drinking as detailed in each individual care plan, and there are adequate numbers of staff present when meals are served to ensure:** o **risks when patients are eating and drinking are managed** o **required assistance is provided** o **necessary aids and equipment are available for use.** **Criterion 11.7** • **Where a patient requires wound care, nurses have expertise and skills in wound management that includes the ability to carry out a wound assessment and apply wound care products and dressings.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13(1) and 20**	

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
8.6 Nursing and Care Staff have up to date knowledge of feeding techniques & dysphasia and eleven staff have undergone specific training in this area. Instructions drawn up by SALT are documented in the patients nursing notes and displayed in the patient's bedroom or beside the patient if they receive their meals in the day room. These instructions are also displayed in the Kitchen. Specialist equipment is acquired where appropriate to assist with feeding. 12.5 Meals are provided at conventional times throughout the day and patients who do not wish to have their meals at scheduled times are facilitated. Staff offer hot and cold drinks periodically throughout the day and drinks are supplied on demand in addition to the drinks service. A water machine is available for patients in the lounge for those patients who are independent and can utilise the water machine. Fresh cold water and juice is made available daily in High Dependency Lounge where patients are unable to pour drinks for themselves. In this case staff will encourage patients to drink frequently and record same on fluid balance charts as appropriate. Patients who remain in their rooms or who are bed bound will be offered drinks throughout the day served to the appropriate consistency and those who are capable of pouring their own fluids will be supplied with jugs of fresh drinking water or juice daily depending on preference. 12.10 Details regarding concerns about patient's eating and drinking are detailed in individual care plans and same is communicated to all staff. All staff are allocated to assist with meals and mealtimes and there are no other activities scheduled at these times. A qualified nurse is assigned to assist with meals and mealtimes to minimise risks associated with eating and drinking such as choking etc. Specialised cutlery, drinking cups, cloth protectors are purchased by the Home for patients who require additional assistance with meals and mealtimes. 11.7 Five qualified nurses have undergone specific training in pressure awareness. All Nurses have good nursing knowledge in wound assessment and liase closely with Tissue Viability Nurses within Belfast Trust. Where appropriate referrals are made to Tissue Viability Nurses and their advice may be sought as necessary. Advice given by TVN's feed into the care plan for each patient and TVNs are communicated with on a continuous basis until such time as the wound is healed.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST STANDARD 5	COMPLIANCE LEVEL
	Compliant

Quality Improvement Plan

Unannounced Care Inspection

Ambassador

18 November 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the registered manager during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	17	The registered person shall introduce and ensure systems are maintained for reviewing the quality of nursing and other service in the nursing home. A report is to be written on an annual basis and evidence consultation with patients and their representatives. **Ref: follow up from previous report**	Three	The registered person undertakes audits regularly to review the quality of nursing care within Ambassador Nursing Home. The results of these audits will be compiled into a report at the end of 2014 to evaluate the quality of nursing within the Home. This will be completed at the end of 2014 detailing systems in place for reviewing care and consultation with patients and their representatives.	From date of inspection
2.	13 (7)	The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff. In particular the registered person should ensure that any rusted metal bins in the bathrooms are replaced.	One	The Registered Manager will continue to endeavour to minimise the spread of toxic conditions and infection between patients and staff. In particular new bins have replaced in the bathroom.	From date of inspection

Recommendations

These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	10.2	It is recommended when a patient's behaviour is uncharacteristic and causes concern, a documented plan of care meets the individual's assessed needs and comfort is drawn up and agreed with patients, their representatives and relevant professionals, as required. **Ref: previous report**	Three	A documented plan of care which can be customised to meet individual patient needs is available within the Home. All RGN's have been reminded once again of the need to initiate a care plan detailing the steps they practice when engaging with patients who display challenging behaviour. Such care plans are in place for several patients and an audit has been carried out to ensure all patients who display challenging behaviour have a plan of care in place to meet the individual's assessed needs and comfort.	From date of inspection

2.	26.2	It is recommended the policies and procedures for treatment and care are evidenced based and in line with current best practice as defined by professional bodies and national standard setting organisations. This recommendation is in respect of the development of a policy on responding to behaviours which challenge staff and the service. **Ref: previous report**	Two	An updated policy on responding to behaviours which challenge has been in place since March 2014. A new copy of this policy had been printed and added to the Policy file which had not been signed by the Registered Manager. This policy has since been signed.	From date of inspection
3.	5.3	It is recommended evidence is present in patients' care records of consultation and/or involvement of patients and/or their representatives in the planning of care. **Ref: previous report**	Three	A template to capture patients involvement and consultation with care records was created in 2012 and is available for RGN's to capture discussion/consultation with patients and/or their representatives. RGN's were reminded of the importance of capturing these consultations in written format.	From date of inspection

4.	26.1	Information should be detailed in the quality assurance policy for the home that monthly Regulation 29 reports are available in the home and patients and/or their representatives may read the reports if they so wish. **Ref: previous report**	Two	Information was included in the Quality Policy detailing that the Regulation 29 reports were available for consultation. This policy has been ammended and now includes detail that the reports are available on request to Management of the Home. In addition a notice has been placed on a second notice board detailing same.	
5.	25.13	It is recommended the annual quality report includes, for example, evidence of consultation with patients, representatives and staff, outcome and action taken in response to patients/representatives satisfaction questionnaires, action taken to address any deficits identified through audit or consultation. **Ref: previous report**	Two	The annual quality report for 2014 details evidence with patients and their representatives regarding consultation with same. At the time of the inspection this report was in draft format as the year was not complete. The report will be finalised at the end of 2014.	From date of inspection

6.	11.7	It is recommended that there is validation of registered nurses knowledge of wound assessment, management and treatment, including wound care products and dressings. **Ref: previous report**	Two	Registerd Nurses use NICE guidelines to assess, manage and treat wounds. Wound management references, assessment tool and treatment plan is available within the Home. Training will be scheduled in 2015 for all registered nurses once the BHSST schedule is made available.	From date of inspection
7.	11.3; 11.6	It is recommended nursing care plans in relation to wound care management evidence the following: • regular photography of the wound • regular review of pain management • skin care information leaflets are available to patients and/or representatives • repositioning charts are accurately and consistently recorded **Ref: previous report**	Two	Photography of wounds would only be considered if the patient and/or their representatives agree to same. Pain management had been discussed with all nurses and to be reviewed at daily or at regular intervals as applicable. A comprehensive repositioning tool is in place. Principles and importance of accurate record keeping have been reiterated to all staff througout the year and again following the recent inspection. Responsibilities placed in Primary Nurses and Senior Care Assistants to ensure appropriate recording carried out.	From date of inspection

8.	11.7	It is recommended the registered manager ensures registered nursing staff undertake training and/or are competent in relation to wound care management. **Ref: previous report**	Two	Enquiries have been made for training/study day on the topic of wound care management. The dates for same have not been set as yet but will be followed up in 2015.	From date of inspection
9.	35.1	It is recommended that continence pads are stored in their original packaging in order to maintain this equipment safely, in accordance with manufacturers' instructions and to ensure effective infection prevention and control. **Ref: Section 10.0 of report**	One	Incontinence pads are now stored in their original packaging to maintain this equipment safely. Continence training has been arranged for 18/12/14. New staff have been shown appropriate way to store pads as part of their induction and will attend training on 18/12/14.	From date of inspection
10.	26.6	The following policy must be reviewed and updated as required and ratified by the responsible person: • promotion of continence and management of incontinence **Ref: Section 10.0 of report**	One	The policy on promotion of continence and management of incontinence has been updated by the Registered Manager. All patients continence needs have been reassessed. Contience training will include promotion of contienence and management of continence.	From date of inspection

11.	19.2	The registered person should ensure that the following best practice guidelines are readily available to staff and used on a daily basis: • British Geriatrics Society Continence Care Residential and Nursing Homes • RCN continence care guidelines • NICE guidelines on the management of urinary incontinence • NICE guidelines on the management of faecal incontinence **Ref: Section 10.0 of report**	One	Following the inspection a reference folder has been compiled to include; *Continence care in residential and nursing homes. *Bladder/Bowel problems (Age UK) NICE guidelines Urinary incontinence. *Managing toilet problems/incontience (Alzeimhers Society)	From date of inspection

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Amelia Noach
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Emer Bevan

QIP Position Based on Comments from Registered Persons	**Yes**	**Inspector**	**Date**
Response assessed by inspector as acceptable	yes	Linda Thompson	29/12/14
Further information requested from provider			