



The Regulation and
Quality Improvement
Authority

Unannounced Care Inspection

Name of Establishment:	Beechvale
RQIA Number:	1059
Date of Inspection:	12 February 2015
Inspector's Name:	Heather Sleator
Inspection ID:	IN017010

**The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501**

1.0 General Information

Name of Establishment:	Beechvale Nursing Home
Address:	35 Beechvale Road Killinchy BT23 6PH
Telephone Number:	(028) 9754 1166
Email Address:	beechvale@aol.com
Registered Organisation/ Registered Provider:	Beechvale Nursing Home Limited
Registered Manager:	Mrs Rose Ann Ellen Crooks
Person in Charge of the Home at the Time of Inspection:	Mrs Rose Ann Ellen Crooks
Categories of Care:	NH-I, NH-PH, NH -PH(E), TI
Number of Registered Places:	29
Number of Patients Accommodated on Day of Inspection:	28
Scale of Charges (per week):	£555.00 - £570.00
Date and Type of Previous Inspection:	28 March 2014 13.20 – 19.00 hours
Date and Time of Inspection:	12 February 2015 10:00 – 15:30 hours
Name of Inspector:	Heather Sleator

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:

- discussion with the registered nurse manager
- discussion with the nurse in charge
- discussion with staff
- discussion with patients individually and to others in groups
- review of a sample of policies and procedures
- review of a sample of staff training records
- review of a sample of staff duty rotas
- review of a sample of care plans
- 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/Residents	10 patients individually
Staff	4
Relatives	0
Visiting Professionals	0

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 themes/standards within the self-assessment were not inspected on this occasion.

This inspection 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

Beechvale Nursing home is situated in Killinchy near Balloo and is six miles from Comber, County Down. It is located in a very peaceful and quiet location with over four acres of beautifully cultivated gardens, a waterfall and rose gazebo. Nearby are local shops, bank and post office along with several churches.

The nursing home is owned and operated by Beechvale Nursing Home Limited
The current registered manager is Ann Crooks.

Accommodation for patients is provided on both floors of the home and access to the first floor is via a passenger lift and stairs.

Communal lounge and dining areas are provided on the ground floor
The home also provides for catering and laundry services on the ground floor.
A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of 29 persons under the following categories of care:

Nursing care

I	old age not falling into any other category
PH	physical disability other than sensory impairment under 65
PH (E)	physical disability other than sensory impairment over 65 years
TI	terminally ill

8.0 Executive Summary

The unannounced care inspection of Beechvale Nursing Home was undertaken by Heather Sleator on 12 February 2015 between 10:00 and 15:30 hours. The inspection was facilitated by Angela McAlister, nurse in charge, who was available for verbal feedback at the conclusion of the inspection. The registered manager, Ann Crooks was unavailable for part of the inspection however joined the nurse in charge for feedback at the conclusion of the inspection.

As a result of the previous inspection five requirements and nine recommendations were issued. These were reviewed during this inspection and the inspector evidenced that four requirements and six recommendations had been fully complied with. One requirement in relation to staffing arrangements has been restated and three recommendations have been carried forward in the quality improvement plan (QIP) of this report. Details can be viewed in the section immediately following this summary.

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 28 March 2014.

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 needs from the date of admission and was found to be updated on a regular basis and as required. The assessment of patient needs was evidenced to inform the care planning process. A recommendation has been made to ensure that the continence assessment and care plan state the type of continence product to be used and the level support to be given to the patient.

Discussion with the registered manager confirmed that staff were trained in continence care. Further training for registered nurses has been scheduled for February 2015.

Policies, procedures and guidelines in the promotion of continence and the management of incontinence were available in the home. A recommendation has been made that the policies are reviewed and updated to reflect best practice guidelines. A recommendation has also been made for additional guidelines to be made available to staff and used on a daily basis.

A recommendation is made that regular audits of the management of incontinence are undertaken and the findings acted upon to enhance already good standards of care.

9.0 Additional Areas Examined

Care Practices

Complaints

NMC Declaration

Patients Comments and Observation of Care

Environment

Details regarding the inspection findings for these areas are available in the main body of the report.

10.0 Conclusion

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

As a result of this inspection one requirement and six recommendations have been made. The requirement has been restated and three recommendations have been carried forward for review at the next inspection. Details of the recommendations can be found in the quality improvement plan (QIP) of this report.

The inspector would like to thank the patients, registered nurses and staff for their assistance and co-operation throughout the inspection process.

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 (1) & (2)	<p>The registered person shall introduce and ensure systems are maintained for reviewing at appropriate intervals the quality of nursing and other service provision in or for the purposes of the nursing home and that any such review is undertaken not less than annually.</p> <p>The registered person shall supply to the Regulation and Quality Improvement Authority a report in respect of any review conducted by him for the purpose of paragraph (1) and make a copy of the report available to patients.</p>	A report in respect in respect of the quality of nursing and other services provided by the home was submitted to RQIA.	Compliant
2	16 (2) (b)	<p>The registered person shall ensure that – the patient's plan is kept under review to include the following:</p> <ul style="list-style-type: none"> • Further development of the prevention of pressure ulcer care plans • safe use of bedrails • accuracy in recording (not conflicting) • at least monthly evaluation of care plans 	The review of three patients' care records evidenced that the management of wound care and the safe use of bedrails was included in nursing care records.	Compliant

3	15 (2) (a) & (b)	<p>The registered person shall ensure that the assessment of the patient's needs is; kept under review; and revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually, and by ensuring:</p> <ul style="list-style-type: none"> • all assessment details are dated in accordance with NMC record keeping guidance • all risk assessments are validated / supported with an evidence base. 	<p>The review of three patients' care records evidenced records were being maintained in accordance with NMC record keeping guidance.</p>	Compliant
4	20 (1) (a)	<p>The registered person must, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients- ensure that at all times suitably qualified, competent and experienced persons (registered nurses) are working at the nursing home in such numbers as are appropriate for the health and welfare of patients.</p>	<p>The review of the staff duty rota evidenced there were a sufficient number of staff on duty in terms of the number of patients at the time of the inspection. The skill mix of staff on duty from 14:00 – 20:00 hours should be reviewed as the recommended skill mix of 35% nursing staff to 65% care staff was not in evidence. The home manager should ensure that throughout the 24 hour period the number of staff on duty and the skill mix of staff are appropriate for the health and welfare of patients.</p> <p>Consideration should be given to affording the home manager a set number of management hours per week. The home manager may benefit from working in a supernumerary capacity so as sufficient time for management tasks are available.</p>	Substantially Compliant

5	27 (2) (J)	The registered person must ensure that suitable storage is provided and bathrooms are used only for their registered purpose and not for the storage of equipment and uniforms.	At the time of inspection there was evidence of one bathroom, on the ground floor, being used for storage. Plans have been submitted to RQIA to increase the number of patients in the home and upgrade facilities. Adequate storage will be reviewed and considered by RQIA as part of the building proposal.	Compliant
---	------------	---	---	-----------

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	25.12	It is recommended that the progress made in relation to any requirement or recommendation made through an inspection of the home should be reviewed during the Regulation 29 visit and evidenced in the report.	The reports were unavailable for review at the time of inspection and this recommendation will be carried forward for review at the next inspection.	Not Inspected
2	25.11	It is recommended working practices are systematically audited to ensure they are consistent with the home's documented policies and procedures, and action is taken when necessary. Particular reference is to be given to the commencement of audits in relation to infection prevention and control and care records. Where a shortfall is identified through the auditing process the action taken to address the shortfall should be in evidence.	Audits were unavailable for review at the time of inspection and this recommendation will be carried forward for review at the next inspection.	Not Inspected
3	26.1	It is recommended a policy on the quality assurance process in the home, including the regulation 29 visits and reports is written and shared with the staff team.	The policy was reviewed and the required information was in evidence.	Compliant

4	25.13	It is recommended patients and representatives are made aware the annual quality report and regulation 29 reports are available in the home for reading.	Information was present on the notice board on the ground floor informing patients and representatives that the annual quality report and the monthly monitoring reports were available in the home for reading.	Compliant
5	26.1	It is recommended policies and procedures in relation to safeguarding vulnerable adults are reflective of current legislation, DHSSPS guidance and regional and local arrangements.	Policy documentation was reviewed and was in accordance with current legislation, DHSSPS guidance and regional and local arrangements.	Compliant
6	30.4	It is recommended the competency and capability assessment for nurses in charge of the home, in the absence of the registered manager is revised and updated. The assessment schedule should accurately reflect the responsibilities of being in charge of the home. The assessment should include comprehensive sections on safeguarding vulnerable adults and wound management.	This information was not available for review at the time of inspection and this recommendation will be carried forward for review at the next inspection.	Not Inspected
7	26.1	It is recommended the policy on wound management is revised in accordance with best practice guidance documents.	Policy documentation was reviewed and was in accordance with best practice guidance.	Compliant

8	5.3	<p>It is recommended the following documentation is accurately maintained;</p> <ul style="list-style-type: none"> • body mapping charts • photographic 1evidence of the status of the wound. 	<p>The review of wound management records for a patient evidenced the required information was present.</p>	Compliant
9	5.3	<p>It is recommended that pain management assessments are completed and reviewed on a regular basis. A care plan should be written where the presence of pain is noted.</p>	<p>The review of three patients' care records evidenced a pain assessment had been completed for patients and a care plan written where the presence of pain was assessed as present.</p>	Compliant

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 of 28 March 2014, RQIA have not been notified by the home or SEHSCT of ongoing investigations in relation to potential or alleged safeguarding of vulnerable adults (SOVA) issues.

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:	
<p>Review of three patients' care records evidenced that bladder and bowel continence assessments were undertaken. The outcome of these assessments, including the type of continence products to be used, was incorporated into one patient's care plan on continence care. However, there was a lack of consistency in completing the continence assessment as two assessments were not fully completed. The assessment should state the type of continence product required and this information should be transferred to the care plan.</p> <p>A recommendation has also been made that the care plan for continence management identifies the type of continence product to be used.</p> <p>There was evidence in three patients care records that bladder and bowel assessments and continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate. Care records evidenced that the Bristol Stool chart was referenced in patients' progress records and the monthly evaluation of the care plan.</p> <p>The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients were referred to their GPs as appropriate.</p> <p>Review of three patients' care records evidenced that patients or their representatives had been involved in discussions regarding the agreeing and planning of nursing interventions.</p> <p>Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.</p>	<p>Substantially Compliant</p>

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;

- continence management / incontinence management
- catheter care

However, there was no evidence to confirm that policy documentation is reviewed and updated on a regular basis. The last date of review on the policy on continence management was January 2001. A recommendation has been made that the policy documentation detailed above is updated in accordance with best practice 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

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 staff were trained and assessed as competent in continence care. Discussion with the manager revealed that all the registered nurses in the home were deemed competent in male and female catheterisation. A continence link nurse was working in the home and was involved in the review of continence management and education programmes for staff. This is good practice and is commended. A recommendation is made that regular audits of the management of incontinence are undertaken and the findings acted upon to enhance already good standards of care.	Substantially 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

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.

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' Views

During the inspection the inspector spoke to 10 patients individually and to others in groups. These patients expressed high levels of satisfaction with the standard of care, facilities and services provided in the home. 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 with everything here."

"food is very good."

"staff are smashing."

"it can be a long day, I would like some activities."

11.6 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 all areas were maintained to a high standard of hygiene. There were no malodours in the home.

The inspector was informed by a patient that the availability of hot water in bedrooms was limited. The inspector sampled the hot water in 10 bedrooms and confirmed that the water was cool. The inspector consulted with the estates inspector aligned to the home who agreed to follow the issue up with the architect involved in the proposal for the additional beds and facilities. The issue was also discussed with the responsible individual, Richard Porter who stated a new heating system was being installed and any issue which may be present should be resolved by the end of March 2015. RQIA should be informed when the new heating system is operational.

Discussion also took place with Mr Porter regarding the lift. The inspector had been informed the lift was out of service for two days. Instances, such as this are required to be reported to RQIA in accordance with regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Mr Porter stated as part of the future building works a new lift will be installed. A notification was subsequently received by RQIA regarding the lift and the lift is fully functioning.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Angela McAlister, nurse in charge, 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:

Heather Sleator
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Secondary Unannounced Care Inspection

Beechvale Nursing Home

12 February 2015

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 Angela McAlister, nurse in charge, at the conclusion of the inspection.

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	20 (1) (a)	<p>The registered persons should review staffing arrangements in terms of the deployment and skill mix of staff in the home throughout the day and take into account the needs and dependency of patients.</p> <p>This requirement is restated from the previous inspection report.</p>	Two	<p>We are actively recruiting registered nurses. A new staff nurse was inducted last week at Beechvale. We are currently processing AccessNI for another. An advertisement has been placed in local newspaper and we have just increased the hourly rate to attract nurses. We are interviewing another nurse following some on-line advertising. We have booked some agency nurses to cover shifts in April.</p>	One month

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	19.1	Care records should evidence: <ul style="list-style-type: none"> - the type of continence product in use and the level of assistance and support required. Ref: 19.1	One	We have assessed residents and identified the type of continence product most suitable and the level of support and assistance required.	One month
2	19.2	The registered manager should ensure policy documentation in relation to urinary and faecal continence is updated and reflect best practice guidelines. The following guidelines to be readily available to staff and used on a daily basis: <ul style="list-style-type: none"> • 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 Ref: 19.2	One	The home's policy in relation to the management of urinary and faecal incontinence has been updated and reflects best practice guidelines. The guidelines are now readily available to staff.	One month

3	19.4	<p>Regular audits of the management of incontinence should be undertaken and the findings acted upon to enhance good standards of care.</p> <p>Ref:19.4</p>	One	An audit will be carried out in one month on the management of incontinence to identify areas for improvement.	One month
4	25.12	<p>It is recommended that the progress made in relation to any requirement or recommendation made through an inspection of the home should be reviewed during the Regulation 29 visit and evidenced in the report.</p> <p>This recommendation is carried forward from the previous inspection report.</p>	One	The registered providers monthly inspection includes a section to assess recommendations and / or requirement. Progress is reviewed at every monthly inspection.	One month
5	25.11	<p>It is recommended working practices are systematically audited to ensure they are consistent with the home's documented policies and procedures, and action is taken when necessary. Particular reference is to be given to the commencement of audits in relation to infection prevention and control and care records.</p> <p>Where a shortfall is identified through the auditing process the action taken to address the shortfall should be in evidence.</p> <p>This recommendation is carried forward from the previous inspection report.</p>	Three	An audit schedule is being developed and particular reference will be given to audits in relation to infection prevention and control and care records.	One month

6	30.4	<p>It is recommended the competency and capability assessment for nurses in charge of the home, in the absence of the registered manager is revised and updated. The assessment schedule should accurately reflect the responsibilities of being in charge of the home. The assessment should include comprehensive sections on safeguarding vulnerable adults and wound management.</p> <p>This recommendation is carried forward from the previous inspection report.</p>	One	<p>Nursing Competency and capability assessment tool are already in place. Assessments include sections on safeguarding vulnerable adults and wound management. The RN signs the above when she feels competent. Training is also given on the above.</p>	One month
---	------	--	-----	---	-----------

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	Anne Donnelly
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Richard Porter

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	X	Heather Sleator	09/04/15
Further information requested from provider			