Unannounced Care Inspection

Name of establishment:	**Colinvale Court**
Establishment ID No:	**1074**
Date of inspection:	**29 January 2015**
Inspector's name:	**Heather Sleator**
Inspection No:	**INO17004**

The Regulation And Quality Improvement Authority
9th Floor, Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 General information

Name of home:	Colinvale Court Private Nursing Home
Address:	Glen Road Belfast BT11 8BU
Telephone number:	02890 604316
E mail address:	louisvillegroup@hotmail.co.uk
Registered organisation/ Registered provider / Responsible individual	Mr Raymond Murphy
Registered manager:	Ms Stephanie Shannon
Person in charge of the home at the time of inspection:	Mr Ibin Paul
Categories of care:	NH -DE
Number of registered places:	50
Number of patients / residents (delete as required) accommodated on day of inspection:	34
Scale of charges (per week):	£537.00
Date and type of previous inspection:	Unannounced Enforcement Compliance Inspection 10 November 2014
Date and time of inspection:	Unannounced Care Inspection 29 January 2015 10:00 – 16:30 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 is required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were 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.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

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

Committed to a culture of learning, the RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the DHSSPS Nursing Homes Minimum Standards 2008.

The inspection process has three key parts; self-assessment (including completion of self-declaration), pre-inspection analysis and inspection visit by the inspector.

Specific methods/processes used in this inspection include the following

- discussion with the acting deputy manager
- observation of care delivery and care practices
- discussion with staff
- examination of records

- consultation with patients individually and with others in groups
- tour of the premises
- evaluation and feedback.

Any other information received by RQIA about this registered provider has also been considered by the inspector in preparing for this inspection.

5.0 Consultation Process

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

Patients	**20**
Staff	**8**
Relatives	**0**
Visiting Professionals	**0**

Questionnaires were provided, during the inspection, to patients, their representatives and staff seeking their views regarding the service. Matters raised from the questionnaires were addressed by the inspector either during the course of this inspection or within the following week.

Issued To	**Number issued**	**Number returned**
Patients	**0**	**0**
Relatives / Representatives	**6**	**0**
Staff	**10**	**8**

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		
Guidance - Compliance statements	**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

Colinvale Court Nursing home is situated is situated just off the Glen Road in West Belfast adjacent to Louisville Private Nursing Home. It is centrally located within the local community and is very convenient to shops, community services and other amenities. There are good parking facilities within the grounds of the home and the facility is on a public transport route with bus stops adjacent to the premises.

The nursing home is owned and operated by Mr Raymond Murphy
The current registered manager is Stephanie Shannon.

Accommodation for patients is provided on both floors of the home. The layout is designed to facilitate small groups of patients living in a domestic like environment with all services and facilities within the structure designed to advance this concept.
Access to the first floor is via a passenger lift and stairs.

There is a secure internal courtyard which patients may use.
The home also provides for catering and laundry services on the ground floor.

The home is registered to provide care for a maximum of 50 persons under the following categories of care:

Nursing care

DE dementia care

8.0 Executive Summary

The unannounced inspection of Colinvale Court was undertaken by Heather Sleator on 29 January 2015 between 10:00 and 16:30 hours. The inspection was facilitated by Ibin Paul, acting deputy manager, who was available for verbal feedback at the conclusion of the inspection.

In August 2014 the home was subject to enforcement action by RQIA. At this time 10 failure to comply notices were issued as the home was in breach of The Nursing Homes Regulations (Northern Ireland) 2005. Enforcement monitoring inspections took place in October and November 2014 and following the inspection in November 2014 compliance with the regulations was achieved. However, due to the concerns identified in the failure to comply notices three conditions were placed on the registration status of the home. Currently the conditions on the registration of the home remain in place.

As a result of the previous inspection three requirements and seven recommendations were issued. These were reviewed during this inspection and the inspector evidenced that the requirement and six recommendations had been fully complied with. One recommendation in relation to the auditing of care records has been restated 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 10 November 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 requirement has been made to ensure that continence assessments are fully completed for all patients who require continence management and support.

Comprehensive reviews of both the assessments of need and the care plans were maintained on a regular basis and as required in one of the three records reviewed. A recommendation has been made to ensure that all the continence assessment and care plan state the type of continence product to be used and 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. A recommendation has been made that a link nurse for continence care is identified.

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.

Additional Areas Examined

Care Practices
Complaints
NMC Declaration
Patients Comments and Observation of Care
Staff Comments
Environment

Details regarding the inspection findings for these areas are available in the main body of the report. Areas for improvement were identified in relation to care practices and staff comments and are detailed in the additional areas examined.

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 nine recommendations have been made. Details of the recommendations can be found in the quality improvement plan (QIP) of this report.

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

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 10 November 2014

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Validation of Compliance
1	17(1)	The registered person must ensure that a copy of the completed annual quality review report is submitted to RQIA.	The inspector verified that this requirement had been addressed. A copy of the annual report had been submitted to RQIA in January 2015.	Compliant
2	10(1)	The registered person must supply the following information to RQIA: • written confirmation detailing the review outcome for the registered manager • a revised Statement of Purpose for Colinvale Court detailing the operational management arrangements	The inspector verified that this requirement had been addressed. The required information was submitted to RQIA in January 2015 along with the annual report.	Compliant

		• a revised job description in respect of the registered manager for Colinvale Court.		
3	27(2)(t)	The registered person must ensure that an effective risk assessment to identify and control hazards and risks throughout the home is completed and is updated as necessary.	The inspector verified that this requirement had been addressed. A risk register was being maintained. Evidence was present of the review and updating of information within the risk register.	Compliant

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
1	28.8	It is recommended staff maintain a reflective learning log following the receipt of any training. The effect of training on practice should be evaluated as part of quality improvement.	The inspector verified that this recommendation had been addressed. Staff complete an evaluation of learning following the completion of any training undertaken. Management review the effect of training on practice through individual supervision with staff, quality monitoring by the local Trust and the home's governance arrangements.	Compliant
2	12.3	Records of the food eaten by patients' must evidence the choice provided to patients on therapeutic or specific diets.	The inspector verified that this recommendation had been addressed. The record of patients nutritional and fluid intake evidenced choice is available for patients on a specialised diet. This was also evidenced on the menu choice record completed by staff on a daily basis.	Compliant
3	26	Policies and procedures are devised which reflect legislative requirements and best practice guidance for governance arrangements and quality assurance processes.	The inspector verified that this recommendation had been addressed. The review of the policy evidenced the policy reflected legislative requirements and best practice guidance for governance arrangements.	Compliant

4	35.1	Cleaning schedules for the home are revised so as to be more robust. Cleaning schedules should include all areas of the home and detail daily, weekly, monthly and deep cleaning tasks.	The inspector verified that this recommendation had been addressed. The cleaning schedules evidenced they had been updated and included all areas of the home and identified daily, weekly and monthly cleaning tasks.	Compliant
5	12.1	The organisation of the serving of meals is revised. Meals must be served in a timely manner to meet patients' needs and at a temperature which is in accordance with nutritional guidelines.	The inspector verified that this recommendation had been addressed. Observations of the midday meal evidenced meals were served in a timely manner and were maintained at the correct temperature until served to patients.	Compliant
6	28.4	Confirmation should be submitted to RQIA that all staff have completed re-induction training within the agreed timescale.	The inspector verified that this recommendation had been addressed. The review of the staff training records evidenced staff had completed re-induction training.	Compliant

7	25.2	The care record audit process should ensure that: • care records for each patient reflect their dementia needs and the impact on daily life. • each patient's life story information is developed further with the involvement of patient and or their representatives. • body maps accurately reflect any skin damage to patients' at all times.	The inspector was unable to verify that this recommendation had been fully addressed. The review of patients care records evidenced: • body maps were being accurately maintained and were updated regularly • work has commenced in developing life story information for each patient. This has been problematic as not all relatives have participated in the process. Staff have developed the life story/history information from their own knowledge of individual patients • the review of patients care records did not evidence that the needs assessment in relation to mental state and cognition had been completed in all records reviewed. The audits of care records did not identify this nor did the audits identify that not all aspects of assessment information had been fully completed.	Substantially 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 in November 2014, RQIA have been notified by the home of ongoing investigations in relation to potential or alleged safeguarding of vulnerable adults (SOVA) issues. The BHSCT safeguarding team are managing the SOVA issues under the regional adult protection policy/procedures.

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 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 assessment of need as two were not fully completed. The assessment should state the type of continence product required and this information should be transferred to the care plan. A requirement has been made that registered nurses must ensure that assessment information is complete. A recommendation has also been made that the care plan for continence management identifies the type of continence product to be used 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. However, care records did not evidence the Bristol Stool chart was referenced in patients' progress records or the monthly evaluation of the care plan. A recommendation has been made. 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. Review of three patient's care records did not evidence patients or their representatives had been involved in discussions regarding the agreeing and planning of nursing interventions. This was discussed with the acting deputy manager who stated letters were sent to all relatives inviting them to meet with management and discuss their relatives plan of care. The acting deputy manager stated their had been little response from representatives regarding this.	Moving towards Compliance

Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home. However, with the exception of one bathroom the stock cupboards for continence products were very disorganised. To promote effective care practice a more systematic and organised approach to this area should be implemented and audited. A recommendation has been made.	

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 • stoma care • catheter care However, there was no evidence to confirm that policy documentation is reviewed and updated on a regular basis. 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 acting deputy manager and review of training records confirmed that staff were trained and assessed as competent in continence care. Discussion with the acting deputy manager revealed that the majority of registered nurses, on day duty, were deemed competent in female catheterisation and the management of stoma appliances. Care staff confirmed their knowledge of continence management and the importance of skin care. Registered nurses did not demonstrate their knowledge of continence management to as high a degree as care staff. There was no identified continence link nurse working in the home or was involved in the review of continence management and education programmes for staff. The acting deputy manager agreed that following further training scheduled for February 2015 a link nurse would be identified. A recommendation has been made. A recommendation is made that regular audits of the management of incontinence are undertaken and the findings acted upon to enhance good standards of care.	Substantially Compliant

Inspector's overall assessment of the nursing home's compliance level against the standard assessed	**Moving towards Compliance**

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 clothing was suitable for the season. However, patients clothing was poorly presented. This was discussed with staff and the acting deputy manager. It was stated that some relatives do not bring new clothing or toiletries in for their family member. The acting deputy manager stated care managers from the local Trust had been informed. A recommendation has been made that management of the home discuss this with Trust staff again to ensure patients have all personal toiletries and sufficient clothing.

The trolley used for patients' mid-morning tea was observed to be unclean. Any equipment used in the home must be kept clean at all times. A recommendation has been made.

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 managed.

11.3 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.

11.4 Patients Comments

During the inspection the inspector spoke with patients individually and with the majority of others in smaller groups.

Colinvale Court is registered to provide nursing care to persons with dementia. Some patients had communication limitations and the due to this the inspector spent periods of time observing care practices and how staff respond to patients. Staff were observed to be attention to patients' needs.

11.5 Staff Comments

During the inspection the inspector spoke with eight staff, including registered nurses, care staff and ancillary staff. Staff responses in discussion and in the returned questionnaires indicated that staff received an induction, completed mandatory training and had completed additional training in relation to dementia awareness and the dining experience for patients. There had been a targeted programme of training in the home from July 2014. At the inspection of 17 July 2014 training, as required by legislation, had not been fully completed by all staff.

Staff informed the inspector that they felt there was not enough staff. Staff stated this was due to nursing staff administering medication or being involved with clinical/nursing duties. This resulted in care staff working alone, particularly in Beech and Elm.

The review of the staff duty rota evidenced there were sufficient numbers of staff on duty, at the time of inspection, for the number of patients in the home. However, it is management's responsibility to ensure to consider the patients' needs and dependency levels. Consideration should be given to reviewing how staff are allocated and deployed in the home during the day to ensure the most effective use of staff and delivery of care. This was discussed with the acting deputy manager and a recommendation has been made.

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 good standard of hygiene. It was evident there had been an investment in the environment both in terms of upgrading the furnishings of the home and ensuring a higher standard of cleanliness and hygiene was maintained.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ibin Paul, acting deputy manager, 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

Unannounced Care Inspection

Colinvale Court

29 January 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 Ibin Paul, acting deputy manager, at the conclusion of 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	15 (2) (a) and (b)	The registered persons must ensure the assessment of need and risk assessments for any patient are fully completed. Evidence must also be present in care records of the regular evaluation of needs assessments. **Ref: 19.1**	One	Supervision has been carried out with all Staff Nurses week commencing 09/03/15. Areas addressed included risk assessments, re-evaluation of care plans, feedback from care and pharmacy inspections.	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	25.2	The care record audit process should ensure that: • care records for each patient reflect their dementia needs and the impact on daily life. . **This recommendation is restated**	Twice	Care plan audits are carried out on a weekly basis, 5 weekly, feedback is given to the individual Staff Nurse to ensure this issue is continually addressed.	One month
2	19.1	Care records should evidence: - bowel function and pattern, referencing the Bristol Stool Chart, should be recorded in patients' progress notes and monthly evaluation of care - patients' care plans should state the type of continence product in use and the level of assistance and support required. **Ref: 19.1**	One	A continence risk assessment has be up dated and is insitu in care plans. This recommends the type of product and level of assistance required for each individual.	One month

3	19.1	The registered manager should ensure that continence products are stored in an organised manner and that there is sufficient stock of continence products and any other equipment/aids needed by staff regarding continence management. **Ref: 19.1**	One	Staff have been further been informed of the importance of infection control in relation to the storage of continence products. At present the home is changing suppliers in order to meet the needs of the home/patients.	One month
4	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: • 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: 19.1**	One	The relevant policy has been updated and insitu. The recommended documents have been sourced and are available to staff for reference.	Two weeks
5	19.4	Consideration should be given to identifying a link nurse for continence management. The nurse should be given additional training in respect of continence management, as and when required. **Ref: 19.4**	One	A Staff Nurse has been appointed and further training is to be sourced.	Two months

6	19.4	Regular audits of the management of incontinence should be undertaken and the findings acted upon to enhance good standards of care. **Ref: 19.4**	One	Weekly care plan audits are carried out. This issue is included and acted upon. It is hoped that the appointment of a continence link nurse will build upon this after further training.	One month
7	15.1	The registered persons should liaise with Trust representative and/or patients' representatives regarding patients finance so as to ensure patients have sufficient personal toiletries and clothing. **Ref: 11.1**	One	Care managers from the Trusts have notified of those representatives of which we have concerns and they are addressing the issues.	One month
8	34.2	The registered person should ensure staff are aware that all equipment used in the home evidences a high standard of cleanliness; this includes the trolley used to transport patients' mid-morning tea. **Ref: 11.1**	One	Kitchen staff have been reminded of the importance of infection control. The infection control link nurse has completed an audit on 10/03/15 actions are being addressed.	Two weeks
9	30.1	The registered persons should review staffing arrangements in terms of the deployment of staff in the home throughout the day and take into account the needs and dependency of patients. **Ref: 11.5**	One	This is reviewed on a weekly basis in order to comply with staffing levels.	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 and return to nursing.team@rqia.org.uk

Name of Registered Manager Completing Qip	Stephanie J Shannon
Name of Responsible Person / Identified Responsible Person Approving Qip	Raymond L Murphy

QIP Position Based on Comments from Registered Persons	**Yes**	**Inspector**	**Date**
Response assessed by inspector as acceptable	X	Heather Sleator	18/03/2015
Further information requested from provider			