Unannounced Care Inspection Report
8 November 2017

Daleview House

Type of Service: Nursing Home (NH)
Address: Shepherds Way, Dungiven Road, Londonderry, BT47 5GW
Tel No: 02871348015
Inspector: Aveen Donnelly

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for

2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 25 persons.

3.0 Service details

Organisation/Registered Provider: Apex Housing Association **Responsible Individual:** Gerald Kelly	**Registered Manager:** Marcella Harriet McCorkell
Person in charge at the time of inspection: Marcella Harriet McCorkell	**Date manager registered:** 31 December 2008
Categories of care: Nursing Home (NH) I – Old age not falling within any other category.	**Number of registered places:** 25

4.0 Inspection summary

An unannounced inspection took place on 8 November 2017 from 09.50 to 16.30 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding, infection prevention and control, risk management and the home's environment. There was evidence that the patients were receiving the right care at the right time and that care delivery had been effective. Communication between residents, staff and other key stakeholders was well maintained.

The culture and ethos of the home promoted treating patients with dignity and respect, listening to and valuing patients and their representatives and taking account of the views of patients. Mealtimes were well managed. There were examples of good practice found throughout the inspection in relation to governance and management arrangements. There were good working relationships within the home.

There were no areas for improvement made under the regulations. Areas for improvement made under the care standards related to the completion of wound assessments and care planning; and the system for managing alerts for staff who have sanctions imposed upon them by their professional bodies.

One area for improvement, previously made under the care standards was not met and has been stated for the second time.

Patients said that they were generally very happy living in the home. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	*4

*The total number of areas for improvement made under the care standards includes one which has been stated for the second time. Details of the Quality Improvement Plan (QIP) were discussed with Marcella McCorkell, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 1 March 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 1 March 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing.
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit.

During the inspection the inspector met with seven patients, three care staff, three registered nurses, one domestic staff, four patients' representatives and one visiting professional. Questionnaires were also left in the home to obtain feedback from staff, patients and their representatives. Ten questionnaires for relatives and staff and eight for patients were left for distribution.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- staffing arrangements in the home
- one staff application form and interview notes
- recruitment template
- staff induction, supervision and appraisal records
- staff training records for 2016/2017
- accident and incident records
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- emergency evacuation register
- three patient care records
- five patient food and fluid intake charts and two patient repositioning charts
- patient register
- annual quality report
- compliments records
- RQIA registration certificate
- certificate of public liability
- audits in relation to care records and falls
- complaints received since the previous care inspection
- minutes of staff' and relatives' meetings held since the previous care inspection
- monthly quality monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met. The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 1 March 2017

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

6.2 Review of areas for improvement from the last care inspection dated 1 March 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 21 (1) (b) Schedule 2 **Stated:** First time	The registered persons must ensure that the recruitment template held in the home is robust enough to capture all the information required in Schedule 2 of the Nursing Home Regulations (Northern Ireland) 2005 and that the registered manager has oversight of this information.	**Met**

	Action taken as confirmed during the inspection: A review of the recruitment matrix confirmed that this had been met. The recruitment template is further discussed in section 6.4.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 23 **Stated:** First time	The registered persons should ensure that registered nurses review patients' bowel records on a daily basis to ensure that the records are accurate and that evidence of any actions taken are recorded in the patients' daily progress notes.	**Met**
	Action taken as confirmed during the inspection: A review of the patient care records confirmed that the registered nurses were monitoring the patients' bowel functioning records on a daily basis; where there were any concerns, these were clearly recorded in the daily progress notes.	
Area for improvement 2 **Ref**: Standard 23 **Stated:** First time	The registered persons should ensure that the settings of pressure relieving mattresses are monitored and recorded, to ensure their effective use.	**Not met**
	Action taken as confirmed during the inspection: A review of the pressure relieving mattresses and related records identified that the system in place had not been effective. This was not met and has been stated for the second time.	
Area for improvement 3 **Ref**: Standard 16.11 **Stated:** First time	The registered persons should ensure that any concerns raised during patients' or relatives' meetings are recognised as such; and should be recorded in the home's complaints record and managed in accordance with the DHSSPS Care Standards for Nursing Homes 2015.	**Met**
	Action taken as confirmed during the inspection: A review of the complaints records identified that this had been met.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and stated that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for the week commencing 30 October 2017 evidenced that the planned staffing levels were consistently adhered to. Observation of the delivery of care evidenced that patients' needs were met by the number and skill mix of staff on duty. Discussion with staff, patients and their representatives evidenced that there were no concerns regarding staffing levels.

There were currently one registered nurse and two care staff vacancies; these vacancies were being filled by agency staff or bank staff. Recruitment of staff was in progress.

Discussion with staff confirmed that communication was well maintained in the home and that appropriate information was communicated in the shift handover meetings.

Apex Housing Association had recruitment processes in place which were in line with legislative requirements. As discussed in section 6.2, the required information was held in the home in the form of a recruitment matrix. The review of the recruitment matrix identified that it captured most of the information required in Schedule 2 of the Nursing Home Regulations (Northern Ireland) 2005. However, the recruitment matrix did not identify information regarding the candidates' reasons for leaving their current/most recent post or whether any gaps in employment had been explored; this information should be sought for all positions where candidates have worked with children or vulnerable adults. Following the inspection, the required information was forwarded to RQIA by email. Discussion was had with the human resource officer, who agreed to amend the recruitment template, to ensure that this information was recorded for all future employees.

A record of staff including their name, qualifications, position held, contracted hours, date commenced and date position was terminated (where applicable) was maintained electronically and provided an overview of all staff employed in the home. This additional detail supplemented the information contained in the staff recruitment files as required in accordance with Regulation 19(2), Schedule 4(6) of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. One completed induction programme was reviewed. The induction programme included a written record of the areas completed and the signature of the person supporting the new employee. Discussion with staff and a review of records confirmed that agency staff also received a three day induction to the home, where possible.

There were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through one to one supervision, undertook competency and capability assessments and completed annual appraisals.

Discussion with staff and a review of the staff training records confirmed that training had been provided in all mandatory areas and records were kept up to date. A review of staff training records confirmed that staff completed face to face training and e-learning (electronic learning) modules on basic life support, medicines management, control of substances hazardous to health, fire safety, food safety, health and safety, infection prevention and control, safe moving and handling and adult prevention and protection from harm. The records reviewed confirmed that the majority of staff had, so far this year, completed their mandatory training. For agency staff, the registered manager also received a profile which included information on their compliance with mandatory training requirements.

Observation of the delivery of care evidenced that training had been embedded into practice. Overall compliance with training was monitored by the registered manager and this information informed the responsible persons' monthly monitoring visit in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing staff were appropriately managed in accordance with NMC. Similar arrangements were in place to ensure that care staff were registered with NISCC.

Staff consulted with, were knowledgeable about their specific roles and responsibilities in relation to adult safeguarding. The staff understood what abuse was and how they should report any concerns that they had. The relevant contact details were displayed on a noticeboard for everyone in the home to access.

There were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified. Discussion also evidenced that the registered manager was knowledgeable in relation to the regional safeguarding protocols and the home's policies and procedures.

Review of patient care records evidenced that validated risk assessments were generally completed as part of the admission process and were reviewed as required. These risk assessments informed the care planning process.

A review of the accident and incident records confirmed that the risk assessments and care plans were consistently completed following each incident and that care management and patients' representatives were notified appropriately.

Infection prevention and control measures were adhered to. There were processes in place to check that emergency equipment, such as the suction machines, were regularly checked as being in good order and fit for use. This meant that in the event of an emergency the equipment was ready for use.

A number of patients had large boxes with medical supplies stored in their bedrooms. This was discussed with the registered manager, who agreed to address this.

We spoke with one member of housekeeping staff who was knowledgeable regarding the National Patient Safety Agency (NPSA) national colour coding scheme for equipment such as mops, buckets and cloths and the management of the environment for patients with a healthcare associated infection. Personal protective equipment (PPE) such as gloves and aprons were available throughout the home and stored appropriately.

A review of the home's environment was undertaken which included a number of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean, reasonably tidy, well decorated and warm throughout. The majority of patients' bedrooms were personalised with photographs, pictures and personal items.

Fire exits and corridors were observed to be clear of clutter and obstruction. The emergency evacuation register was up to date and included the details of the last patient admitted to the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

There were no areas for improvement identified in this domain during this inspection

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

There were a number of examples of good practice found throughout the inspection in this domain. For example, registered nurses were aware of the local arrangements and referral process to access other relevant professionals including general practitioner's (GP), speech and language therapist (SALT), dietician and tissue viability nurse specialists (TVN). Discussion with registered nurses and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

Patients who were prescribed regular analgesia had validated pain assessments completed which were reviewed in line with the care plans.

A sampling of food and fluid intake charts confirmed that patients' fluid intake was monitored. The patients' total daily fluid intakes were recorded by the registered nurses in the daily progress notes.

Patients who were identified as requiring a modified diet, had the relevant risk assessments completed. Care plans in place were reflective of the recommendations of SALT and care plans were kept under review. There was evidence of regular monitoring of patients weights in accordance with the level of risk identified and instructions outlined in the plan of care.

Personal care records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. For example, a review of repositioning/hygiene records evidenced that patients were repositioned according to their care plans.

However, areas for improvement were identified. For example, in one patient care record, although there was evidence that the patient's wound dressing had been changed in accordance with the care plan, the wound assessments were not consistently completed. This has been identified as an area for improvement under the care standards.

Furthermore, where patients were prescribed antibiotic therapy for the treatment of acute infections, care plans had not been consistently developed in relation to this; this has been identified as an area for improvement under the care standards.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

A record of patients including their name, address, date of birth, marital status, date of admission and discharge (where applicable) to the home, next of kin and contact details and the name of patients' general practitioner and the name of the health and social care trust personnel responsible for arranging each patients admission was held in a patient register. This register provided an accurate overview of the patients residing in the home on the day of the inspection.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and discussions at the handover provided the necessary information regarding any changes in patients' condition. Staff also confirmed that communication between all staff grades was effective.

Staff meetings were held on a regular basis and records were maintained and made available to those who were unable to attend. The most recent staff meeting was held on 16 June 2017. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. A relatives' meeting had not been held from 21 January 2017 and the registered manager explained that plans were in place to schedule another meeting. All those consulted with spoke positively about the availability and responsiveness of the registered manager.

Areas of good practice

There was evidence that the patients were receiving the right care at the right time and that care delivery had been effective. Communication between residents, staff and other key stakeholders was well maintained.

Areas for improvement

Areas for improvement made under the care standards related to the completion of wound assessments; and in relation to the development of care plans for patients who had acute infections.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with seven patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Discussion with patients also confirmed that staff consistently used their preferred name and that staff spoke to them in a polite manner. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care.

Patients stated that they were involved in decision making about their own care. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

We observed the lunch time meal in the dining room. The lunch served appeared appetising and patients spoken with stated that they were satisfied with the meals provided. The atmosphere was quiet and tranquil and patients were encouraged to eat their food; assistance was provided by staff, as required. Menus were displayed on each table and were correct on the day of the inspection.

Staff interactions with patients were observed during mealtimes; the mealtime experience was very person-centred, in that the patients were asked how many potatoes they liked and the cut of meat they preferred. Staff interacted well with patients, as they provided assistance with meals. These observations were relayed to the registered manager during feedback.

There was evidence of regular church services to suit different denominations. Patients consulted with also confirmed that they were able to maintain contact with their families and friends. Staff supported patients to maintain friendships and socialise within the home. Plans were in place to hold a Christmas dinner for both patients and their representatives.

Although there was evidence that the home had a lot of external persons brought in to assist with activities, there was no designated staff member employed for this role. This was discussed with the registered manager who explained that a staff member had recently been recruited and was awaiting the required checks before starting in post. RQIA were satisfied on this occasion; however, the provision of activities will be monitored at future inspection.

A review of patient care records confirmed that end of life care plans were developed for patients who were receiving palliative care. This meant that the staff were aware of the patient's final wishes.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients and their representatives and staff on the quality of the service provided. An annual quality audit had been undertaken in 17 October 2016; views and comments recorded were analysed and areas for improvement had been acted upon. The registered manager explained that plans were in place to start the annual quality audit for 2017.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

From discussion with the registered manager, staff, relatives and a review of the compliments record, there was evidence that the staff cared for the patients and their relatives in a kindly manner. We read some recent feedback from patients' representatives. One comment included praise for the care and attention given to a patient, when receiving end of life care, stating that the staff had 'gone beyond what might be considered their nursing duty in showing a priceless ethic of care'.

During the inspection, we met with seven patients, three care staff, three registered nurses, one domestic staff, four patients' representatives and one visiting professional. Some comments received are detailed below:

Staff

"The care is satisfactory, the staff are very outgoing and show compassion in their work."
"The care is very good."
"It is excellent here."
"Visitors mention how there is a very good vibe in the home."
"Everything is sweet."
"I have no concerns."

Patients

"It is very good here, I would speak up if it wasn't."
"It is lovely, I have no complaints."
"I am treated very well."
"It is very good."
"They are just everything (to me)."
"Everything is ok."
"I get the same as everyone else here."

One patient commented in relation to pain they were experiencing when being assisted to mobilise. This comment was relayed to the registered manager to address.

Patients' representative

"I have no concerns."

All patients' representatives spoken with stated that they were 'very satisfied' that the care in the home was safe, effective and compassionate; and that the home was well-led. One comment provided related to the lack of stimulation for patients. As previously discussed, this was relayed to the registered manager on the day of the inspection, who provided assurances that an activities coordinator was due to commence in post.

Visiting professionals

“There are no concerns here whatsoever.”

We also issued ten questionnaires to staff and relatives respectively and eight questionnaires to patients. Eight staff, five patients and four relatives had returned their questionnaires, within the timeframe for inclusion in this report. Comments and outcomes were as follows.

Patient respondents indicated that they were either ‘satisfied’ or ‘very satisfied’ that the care in the home was safe, effective and compassionate; and that the home was well-led. No written comments were received.

Relative respondents indicated that they were either ‘satisfied’ or ‘very satisfied’ that the care in the home was safe, effective and compassionate; and that the home was well-led. One respondent provided written comment in relation to the ‘courteous, welcoming and obliging’ staff.

Staff respondents indicated that they were either ‘satisfied’ or ‘very satisfied’ that the care in the home was safe, effective and compassionate; and that the home was well-led. Three respondents provided written comment in relation to the staffing levels. Given that there was no impact on patient care identified on the day, of the inspection, these comments were relayed to the registered manager, to address and action as required.

Any comments from patient representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

Areas of good practice

The culture and ethos of the home promoted treating patients with dignity and respect, listening to and valuing patients and their representatives and taking account of the views of patients. Mealtimes were well managed.

Areas for improvement

There were no areas for improvement identified in this domain during this inspection

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussion with the registered manager and observation of patients evidenced that the home was operating within its’ registered categories of care; however, one patient was identified as having behaviours which may challenge and was noted to be disruptive to other patients

accommodated nearby. In discussion, it was evident that the registered manager was taking appropriate measures in liaising with the Northern Health and Social Care Trust, to address this.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Staff spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. All those consulted with described the registered manager in positive terms; comments included 'she is the best manager I have ever had' and 'she really listens to you'. Staff described how they felt confident that the registered manager would respond positively to any concerns/suggestions raised.

There was a clear organisational structure within the home. Staff consulted with were able to describe their roles and responsibilities. There was a system in place to identify the person in charge of the home, in the absence of the registered manager.

The registered manager's hours were clearly recorded in the home. Discussion with patients and staff evidenced that the registered manager's working patterns provided good opportunity to allow them contact as required. The registered manager was supported in her role by a senior nurse.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. Staff, patients and patients' representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients confirmed that they were confident that staff/management would manage any concern raised by them appropriately. Patients were aware of who the registered manager was. A suggestion box was also available in the reception area, which visitors were encouraged to use.

Systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to wound management, care records, infection prevention and control, kitchen hygiene, mealtime experience and incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.

A review of the accident and incident records confirmed that there was a low rate of falls in the home. A system was in place to analyse patients' falls to identify any patterns or trends, on a monthly basis. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection, confirmed that these were appropriately managed.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner. These included medication and equipment alerts. The registered manager explained that Human Resources were managed centrally at Apex Head Office in Londonderry and that they managed the alerts for staff that had sanctions imposed upon them by their professional bodies. The records in relation to this system were forwarded to the registered manager, during

the inspection. A review of the records confirmed that the system was not sufficiently robust; this has been identified as an area for improvement under the care standards.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005, and copies of the reports were available for patients, their representatives, staff and trust representatives. An action plan was generated to address any areas for improvement; discussion with the registered manager and a review of relevant records evidenced that all areas identified in the action plan had been addressed.

Areas of good practice

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

Areas for improvement

An area for improvement made under the care standards related to the system for managing alerts for staff who have sanctions imposed upon them by their professional bodies.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Marcella McCorkell, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via web portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Care Standards for Nursing Homes (2015).

Area for improvement 1 **Ref**: Standard 22 **Stated:** Second time **To be completed by:** 6 January 2018	The registered persons should ensure that the settings of pressure relieving mattresses are monitored and recorded, to ensure their effective use. **Ref: Section 6.3**
	Response by registered person detailing the actions taken: The registerred manager has a system in place to ensure the settings of pressure relieving mattresses are monitored and recorded to ensure their effective use.
Area for improvement 2 **Ref**: Standard 23 **Stated:** First time **To be completed by:** 6 January 2018	The registered persons shall ensure that wound assessments are undertaken on a weekly basis or more often as required. **Ref: Section 6.5**
	Response by registered person detailing the actions taken: Wound assessments are undertaken weekly and when changes arise.
Area for improvement 3 **Ref**: Standard 4 **Stated:** First time **To be completed by:** 6 January 2018	The registered persons shall ensure that care plans for acute infections are developed and updated, as required. **Ref: Section 6.5**
	Response by registered person detailing the actions taken: Care plans for acute infections are developed and updated as required.
Area for improvement 4 **Ref**: Standard 35.18 **Stated:** First time **To be completed by:** 6 January 2018	The registered persons shall ensure that the system for managing Chief Nursing Officer (CNO) alerts is further developed, to ensure that it is sufficiently robust. **Ref: Section 6.7**
	Response by registered person detailing the actions taken: A system is now in place for managing Chief Nursing Officer alerts to ensure that it is sufficiently robust.

Please ensure this document is completed in full and returned via Web Portal

The Regulation and Quality Improvement Authority

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