



The Regulation and  
Quality Improvement  
Authority

Ringdufferin Nursing Home  
RQIA ID: 11967  
36 Ringdufferin Road  
Killyleagh  
BT30 9PH

Inspector: Linda Thompson  
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**Unannounced Care Inspection  
of  
Ringdufferin Nursing Home**

**17 June 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 17 June 2015 from 09.30 to 16.00.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.**

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

For the purposes of this report, the term 'patients' will be used to describe those living in Ringdufferin Nursing Home which provides both nursing and residential care.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 28 August 2014.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

|   | Requirements | Recommendations |
|---|--------------|-----------------|
| <b>Total number of requirements and recommendations made at this inspection</b> | 0            | 3               |

The details of the Quality Improvement Plan (QIP) within this report were discussed with the Ms Kate Lee registered manager and Ms Brenda McKay representing the responsible person as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

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|--|--|
| <b>Registered Organisation/Registered Person:</b><br>M Care Ltd/<br>Caroline Smyth (Acting responsible person) | <b>Registered Manager:</b><br>Kathleen Patricia Lee  |
| <b>Person in Charge of the Home at the Time of Inspection:</b><br>Kathleen Patricia Lee                        | <b>Date Manager Registered:</b><br>1 April 2005  |
| <b>Categories of Care:</b><br>NH-I, NH-PH, NH-PH(E), NH-TI, RC-DE  | <b>Number of Registered Places:</b><br>64  |
| <b>Number of Patients Accommodated on Day of Inspection:</b><br>56   | <b>Weekly Tariff at Time of Inspection:</b><br>Strangford Suite £511<br>Dunmore Suite £603 - 618 |

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

### **Standard 19: Communicating Effectively**

**Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

## 4. Methods/Process

Prior to inspection the following records were examined:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIP) from inspections undertaken in the previous inspection year
- the previous care inspection report

During the inspection the delivery of care and care practices were observed. An inspection of the general environment of the home was also undertaken. The inspection process allowed for discussion with 25 patients either individually or in small groups. Discussion was also undertaken with six care staff, two nursing staff and one patient's visitors/representatives.

The following records were examined during the inspection:

- validation of evidence linked to the previous QIP
- four patient care records
- records of accident/notifiable events
- staff training records
- staff induction records
- records of competency and capability of the registered nurse in charge of the home in the absence of the registered manager
- policies for communication, death and dying, and palliative and end of life care.

## 5.0 The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced estates inspection dated 13 January 2015. The completed QIP was returned and approved by the estates inspector.

### 5.2 Review of Requirements and Recommendations from the last care Inspection

| Last Care Inspection Statutory Requirements   |  | Validation of Compliance |
|---|--|--------------------------|
| <p><b>Requirement 1</b></p> <p><b>Ref:</b> The Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003</p> <p>Article 40(1)</p> <p><b>Stated:</b> First time</p> | <p>40. – (1)The Regulation and Improvement Authority may at any time require a person who carries on or manages an establishment or agency to provide it with any information relating to the establishment or agency which the Regulation and Improvement Authority considers it necessary or expedient to have for the purposes of its functions.</p> <p>The registered provider / manager must ensure that the self-assessment documentation submitted to the Authority prior to inspection, provides comprehensive details of how the home is achieving the required standard,</p> | <p><b>Met</b></p>        |
|   | <p><b>Action taken as confirmed during the inspection:</b></p> <p>It was confirmed that the registered manager is fully aware that all self-assessments must be detailed and comprehensive when submitted to RQIA.</p>   |                          |

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| <p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 29(4)(a)</p> <p><b>Stated:</b> First time</p> | <p>The registered person must ensure that the records of the Regulation 29 visits illustrate the following;</p> <ul style="list-style-type: none"> <li>The identity of patients interviewed should be recorded using the patient ID number. This will ensure that the opinion of a variety of patients are considered</li> </ul> <p><b>Action taken as confirmed during the inspection:</b><br/>It was confirmed that the reports generated in respect of Regulation 29 are comprehensive and well prepared. Patient identity is appropriately anonymised.</p> | <p><b>Met</b></p> |
| <p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 29(5)(c)</p> <p><b>Stated:</b> First time</p> | <p>The registered person should ensure that patients and their representatives are aware of the availability of the Regulation 29 report.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>It was confirmed that there is now clear signage in the foyer of the home to confirm that the Regulation 29 reports are available for patients, their representatives and the multiprofessional team if required.</p>   | <p><b>Met</b></p> |
| <p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 17</p> <p><b>Stated:</b> First time</p>       | <p>The registered person/registered manager must ;</p> <ul style="list-style-type: none"> <li>prepare an annual quality report</li> <li>submit a copy of the report to RQIA along with the return of the completed QIP</li> <li>make patients and their representatives aware of the function and availability of the annual quality report.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b><br/>It was confirmed that an annual report has now been completed as required.</p>  | <p><b>Met</b></p> |

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| <p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> First time</p>  | <p>The registered manager must review the management of notifiable events to ensure that ;</p> <ul style="list-style-type: none"> <li>• all incidents that have occurred from 1 August 2014 and not reported are actioned immediately</li> <li>• staff are appropriately trained in what must be reported to RQIA</li> <li>• all incidents are recorded in the accident and incident records</li> </ul>  | <p><b>Met</b></p> |
| <p><b>Action taken as confirmed during the inspection:</b></p> <p>It was confirmed that the management of notifiable events is maintained in keeping with legislation. Staff were evidenced to be knowledgeable on the reporting process and records inspected were well maintained.</p> |  |                   |
| <p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulation 14(4)</p> <p><b>Stated:</b> First time</p>   | <p>The registered manager must review the management of restraint to ensure that;</p> <ul style="list-style-type: none"> <li>• all staff have update training on the use of restrictive practice and in particular equipment such as lap belts</li> <li>• care plans for the use of lap belts should be updated to reflect belt release times</li> <li>• the consent forms must be reviewed and updated to demonstrate that only the patient can give consent to restraint and family representatives may only sign to state that are made aware of the need for restraint.</li> </ul> | <p><b>Met</b></p> |
| <p><b>Action taken as confirmed during the inspection:</b></p> <p>It was confirmed that staff training on the use of restrictive practice has been delivered and is also planned again for the incoming year. Care plans on the use of lap belts are appropriately maintained.</p>       |  |                   |

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|---|--|-------------------|
| <p><b>Requirement 7</b></p> <p><b>Ref:</b> Regulation 13(1)(b)</p> <p><b>Stated:</b> First time</p>       | <p>The registered manager must ensure that there are always an appropriate supply of bed linens, towels and facecloths available to meet the needs of the patients.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b><br/>It was confirmed that there is a good supply of bed linens, towels and facecloths for patients use.</p>   | <p><b>Met</b></p> |
| <p><b>Requirement 8</b></p> <p><b>Ref:</b> Regulation 20 (1) (a) (2)</p> <p><b>Stated:</b> First time</p> | <p>The registered person shall, having regard to the size of the residential care home, the statement of purpose and the number and needs of residents - ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents;</p> <p>The registered person shall ensure that persons working at the home are appropriately supervised.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b><br/>It was confirmed that the registered manager has established a schedule of clinical and planned formal supervision for all staff grades as required. Supervision is now ongoing for all staff.</p> | <p><b>Met</b></p> |

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| <p><b>Requirement 9</b></p> <p><b>Ref:</b> Regulation 27<br/>(1) (2) (a) (b) (c) (d)</p> <p><b>Stated:</b> First time</p>                           | <p><b>Fitness of premises</b></p> <p>Subject to regulation 3(3), the registered person shall not use premises for the purposes of a residential care home unless the premises are suitable for the purpose of achieving the aims and objectives set out in the statement of purpose.</p> <p>The registered person shall, having regard to the number and needs of the residents, ensure that –</p> <p>the physical design and layout of the premises to be used as the home meets the needs of the residents;</p> <p>the premises to be used as the home are of sound construction and kept in a good state of repair externally and internally;</p> <p>equipment provided at the home for use by residents or persons who work at the home is in good working order, properly maintained in accordance with the manufacturer's guidance and suitable for the purpose for which it is to be used;</p> <p>all parts of the home are kept clean and reasonably decorated;</p> <p>This is in regard to issues in the Strangford Suite regarding:</p> <ul style="list-style-type: none"> <li>• The carpet in the two living rooms</li> <li>• The wall clocks</li> <li>• The décor</li> <li>• The signage</li> <li>• Wheelchairs</li> <li>• The garden</li> </ul> | <p><b>Met</b></p> |
| <p><b>Action taken as confirmed during the inspection:</b></p> <p>It was confirmed that all areas in the Strangford Suite were well maintained.</p> |  |                   |



| Last Care Inspection Recommendations   |  | Validation of Compliance |
|--|--|--------------------------|
| <b>Recommendation 1</b><br><b>Ref:</b> Standard 25.11 & 25.13<br><b>Stated:</b> First time | Ensure that quality assurance systems and processes are further developed to inform reporting on the quality of the service  | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>It was confirmed that a number of quality audits and patient satisfaction surveys have been completed and these now inform the quality assurance systems.   |                          |
| <b>Recommendation 2</b><br><b>Ref:</b> Standard 30.9<br><b>Stated:</b> First time          | It is recommended that the registered manager ensure that staff meetings are maintained on a regular basis, and at least quarterly.<br><br>Records should be kept which include; <ul style="list-style-type: none"> <li>• The date of all meetings</li> <li>• The names and signatures of those attending</li> <li>• Minutes of discussions</li> <li>• Any actions agreed</li> </ul> | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>It was confirmed that staff meetings are being maintained on a regular basis. The registered manager however must ensure that these are maintained at least quarterly.  |                          |
| <b>Recommendation 3</b><br><b>Ref:</b> Standard 12.4<br><b>Stated:</b> First time          | The daily menu is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is available at each mealtime.   | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>It was confirmed that the menu is displayed on a blackboard in the dining rooms. The writing was large and easily viewed by patients. The inspector however discussed the use of a photographic menu which might be easier for patients in all areas of the home. The registered manager agreed to consider this option.  |                          |

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|--|--|------------|
| <b>Recommendation 4</b><br><b>Ref:</b> Standard 6<br><b>Stated:</b> First time | The care plan should specify how behaviours which challenge present and the range of agreed responses/strategies staff should employ to respond.   |            |
|  | <b>Action taken as confirmed during the inspection:</b><br>It was confirmed that with the use of a person centred approach to care planning any patient displaying or likely to display challenging behaviours will have a care plan established to ensure that all staff are aware of how to respond. | <b>Met</b> |

## 5.2 Standard 19 - Communicating Effectively

### Is Care Safe? (Quality of Life)

Policy guidance for staff was available on communicating effectively. However the guidance failed to reflect regional guidelines on breaking bad news. Whilst the regional guidance on breaking bad news was available in the home the staff lacked knowledge of this document. Discussion with a number of care staff confirmed that they would appreciate further information regarding this policy and procedure.

### Is Care Effective? (Quality of Management)

Three care records evidenced that patient individual needs and wishes in respect of aspects of daily living were appropriately recorded. There was however limited acknowledgements that end of life issues are considered with the exception of Do Not Attempt Resuscitation (DNAR) directives.

Recording within records did include reference to the patient's specific communication needs.

The registered manager did however agree that the barrier to communication in this area rests with staff and their concerns regarding the sensitivity of the issue. It was further agreed that training on breaking bad news and communication around end of life care would be very beneficial for all grades of staff. The inspector was advised that palliative care / end of life training is scheduled for all staff members in June and July 2015. This training will include breaking bad news.

A review of three care records evidenced that the breaking of bad news was not discussed with patients and/or their representatives other than in respect of a DNAR.

There was evidence within all records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Two registered nursing staff consulted demonstrated their ability to communicate sensitively with patients when breaking bad news by sitting down by the patient, using a calm voice, speaking clearly yet reassuringly, holding hands, allowing privacy, allowing the patient to question, and trying to display as much empathy as possible.

Care staff considered the breaking of bad news to be the responsibility of the registered nursing staff and failed to initially recognise that they would do this on a regular basis and that it does not necessarily mean informing a patient that a loved one has died. Further training will allow for greater understanding and development of these skills

### **Is Care Compassionate? (Quality of Care)**

Having observed the delivery of care and many staff interactions with patients the inspector can confirm that communication is well maintained and patients are observed to be treated with dignity and respect. There were a number of occasions when patients had been assisted to redirect their anxieties by care staff in a very professional way.

The inspection process allowed for consultation with 25 patients. In general the patients all stated that they were very happy with the quality of care delivered and with life in Ringdufferin Nursing Home. They confirmed that staff are polite and courteous and that they felt safe in the home.

One patient's representative discussed care delivery with the inspector and also confirmed that they were very happy with standards maintained in the home.

A number of compliment cards were displayed from past family members. Comments from these are included in section 5.3 below.

### **Areas for Improvement**

The registered persons must review and expand the communication policy and procedure to ensure that it references regional guidance on breaking bad news. Staff should be encouraged to become familiar with the updated policy document.

|                                |          |                                   |          |
|--------------------------------|----------|-----------------------------------|----------|
| <b>Number of Requirements:</b> | <b>0</b> | <b>Number of Recommendations:</b> | <b>1</b> |
|--------------------------------|----------|-----------------------------------|----------|

## **5.3 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

### **Is Care Safe? (Quality of Life)**

A policy and procedure on the management of palliative and end of life care and death and dying was available in the home. The policy document was examined and evidenced that it failed to reference the Gain Palliative Care Guidelines, November 2013 or the regional guidance on breaking bad news. It is recommended that the policy is updated to reflect regional guidance and that staff are made aware of the new version.

Training is planned for all staff in the home during the month of June and July 2015. This training is being delivered by the palliative care nurse of the South East Health and Social Care Trust.

A palliative care link nurse is established in the home. This nurse maintains evidence of the palliative care link meetings and shares learning provided at these sessions with home staff.

Discussion with two registered nursing staff confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

Staff induction documentation was examined and it is recommended that the registered manager expand the current document to ensure that it refers to end of life care and breaking bad news.

Documentation in respect of the competency and capability assessment of the registered nurse in charge of the home in the absence of the registered manager was reviewed. This document contained reference to end of life care as required.

Discussion with the registered manager, eight staff and a review of three care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

A protocol for timely access to any specialist equipment or drugs was in place and discussion with two registered nursing staff confirmed their knowledge of the protocol.

The registered nursing staff confirmed that they are able to source a syringe driver via the community nursing team if required. It was also confirmed that staff are trained in the use of this specialised equipment.

### **Is Care Effective? (Quality of Management)**

A review of four care records evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis and documented in patient care plans. This included the management of hydration and nutrition, pain management and symptom management. As discussed in section 5.2 above, further training in communication especially in breaking bad news will enhance the quality of verbal and written skills of the staff team.

Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements. This mostly referred to the establishment of a DNAR directive as there were no patients at the time of inspection identified as requiring end of life care.

Discussion with the registered manager, two registered nurses and three care staff evidenced that environmental factors would be considered when a patient was requiring end of life care.

Staff informed the inspector that management had in the past made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying. Facilities have been made available for family members to spend extended periods with their loved ones during the final days of life. Meals, snacks and emotional support has been provided by the staff team.

The care records reviewed were current and up to date in accordance with patients' palliative needs. One care record for an identified patient evidenced that the assessment of the patient's need in respect of medicine management had not been updated as the patient's need had changed. A recommendation was made.

A review of notifications of death to RQIA during the previous inspection year evidenced that all had been reported appropriately.

### **Is Care Compassionate? (Quality of Care)**

Discussion with three staff and a review of three care records evidenced that patients and/or their representatives had been generally consulted in respect of their cultural and spiritual preferences.

Whilst a high number of patients in the home are considered palliative care there were no patients nearing the end of life at the time of inspection. However nursing staff were able to demonstrate an awareness of patient's expressed wishes and needs in respect of DNAR directives as identified in their care plan. There was however a perception by staff that they would be more able and skilled to deliver end of life care after the planned training in June / July 2015 has been delivered.

Arrangements were in place in the home to facilitate, as far as possible the patient's wishes, for family/friends to spend as much time as they wish with the person. Staff discussed openly a number of recent deaths in the home and how the home had been able to fully support the family members in staying for extended periods with their loved ones.

From discussion with the registered manager and staff and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives during this time. There was evidence within compliments/records that relatives had commended the management and staff for their efforts towards the family and patient.

Some comments from a few of the many compliment letters available in the home are detailed below;

'Thank you so much for looking after..... I now know why she loved living with you so much. Because of you all her final days were dignified and comfortable. Your thoughtfulness for us as a family will never be forgotten.'

'Thank you Kate and all the staff in Ringdufferin for looking after our mother so attentively during her many years in the home. We really appreciate the care and kindness shown to us over the years especially during the last few weeks. We have no doubt that without the exceptional care mum received she would not have been with us for so long.'

'The kindness the family received from the staff could not have been better'

'A very special thank you for all you did for ..... over the past 6 months. He was truly content on the final lap of life. Particular thanks to the staff on duty when ..... passed away. His death was dignified and he was cared for with real warmth and affection.'

The family of one deceased patient was so impressed with the care delivered in Ringdufferin that she felt it necessary to write directly to RQIA to ensure that the regulator was aware of the good work being delivered. A section of her comments is detailed below;

'The warm supportive atmosphere and the care and attention of well trained and well managed staff meant that my husband seemed more comfortable, and we as a family were very reassured that his care was of the highest standard and appropriate for his needs.'

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death.

Discussion with the manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

From discussion with the registered manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included 1:1 support from the registered manager and support through the staff team and staff meetings. Information regarding support services was available and accessible for staff, patients and their relatives.

### Areas for Improvement

The policy documentation once updated should be shared amongst all grades of staff. This alongside the already planned training should ensure that the staff team become more confident in regards to supporting patients at such a vital time in their lives.

Two recommendations are made in respect of the staff induction template and assessment of need for one identified patient.

|                                |          |  |           |
|--------------------------------|----------|--|-----------|
| <b>Number of Requirements:</b> | <b>0</b> | <b>Number of Recommendations:</b><br><b>*1 recommendation is made under section 5.2 above.</b> | <b>*2</b> |
|--------------------------------|----------|--|-----------|

## 5.4 Additional Areas Examined

**5.4.1** The inspection process allowed the inspector to meet with 25 patients individually and to most others in small groups. Comments from patients regarding the quality of care, food and in general the life in the home were very positive. A few comments received are detailed below;

'I am very happy here there is usually something to do each day'

'The food here is good and I always have enough to eat'

'The staff are all very good, I feel safe and can always tell someone if something was wrong'

Questionnaires were issued to a number of nursing, care and ancillary staff and these were returned during the inspection visit. Some comments received from staff are detailed below;

'I believe that staff give as much as they can to each individual depending upon each of their needs. All staff work well with the family members.'

'I feel the care in Ringdufferin is excellent. I worked in several hospitals and other care homes and believe that Ringdufferin is extremely good.'

'The standard of care is excellent in Ringdufferin. The staff go above and beyond the job when caring for the residents. I would have no problem about a family member of mine being admitted to the unit. There are good relationships between staff and residents, along with relatives. All relatives know the staff well and can approach them with any issues.'

One patient representative and one professional visitor from the South Eastern Health and Social Care trust were available during the inspection. Both confirmed that they were happy with the quality of care delivered.

## 6.0 Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Kate Lee registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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.

## 6.1 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 (Northern Ireland) 2005.

## 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

| Recommendations   |   |
|---|---|
| <p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 36</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b><br/>17 August 2015</p> | <p>It is recommended that the following policy guidance is updated;</p> <ul style="list-style-type: none"> <li>• Communication policy should include reference to the regional guidance for breaking bad news</li> <li>• The palliative care policy which incorporates palliative and end of life care, death and dying and breaking bad news, should reference the GAIN Guidelines for Palliative Care and End of Life Care in Nursing Homes and Residential Care Homes November 2013 and the regional guidance on breaking bad news</li> <li>• Staff should be encouraged to be familiar with these updated policies.</li> </ul> <p><b>Ref section 5.2, 5.3</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b><br/>All policies relating to this recommendation have been reviewed and updated. Staff are to be made aware of any changes made at next staff meetings.</p> |
| <p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b><br/>17 July 2015</p>   | <p>It is recommended that the registered manager ensures that the staff induction template is updated to reference end of life care.</p> <p><b>Ref section 5.3</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b><br/>Induction programmes for registered nurses and carers has been reviewed and updated to include End of Life Care.</p>   |
| <p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 32</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b><br/>17 July 2015</p>   | <p>It is recommended that the registered manager ensures the following;</p> <ul style="list-style-type: none"> <li>• the assessment of need for the identified patient in respect of administration of medicines should be updated to reflect the changed situation.</li> <li>• the assessment of need for all patients should be updated as required and <u>at least</u> annually.</li> </ul> <p><b>Ref section 5.3</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b><br/>This recommendation in respect of the administration of medicines has been reviewed and updated.</p> <p>Any needs assessments that have not been reviewed on a annual basis</p>  |



|  |                                   |                       |          |
|--|-----------------------------------|-----------------------|----------|
|  | have been identified and updated. |                       |          |
| <b>Registered Manager Completing QIP</b> | Kate Lee                          | <b>Date Completed</b> | 15/07/15 |
| <b>Registered Person Approving QIP</b>   | Brenda McKay                      | <b>Date Approved</b>  | 15/07/15 |
| <b>RQIA Inspector Assessing Response</b> |                                   | <b>Date Approved</b>  |          |

*\*Please ensure the QIP is completed in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) from the authorised email address\**

Please provide any additional comments or observations you may wish to make below:



|  |                     |                      |         |
|--|---------------------|----------------------|---------|
| <b>RQIA Inspector Assessing Response</b> | Name Linda Thompson | <b>Date Approved</b> | 16/7/15 |
|--|---------------------|----------------------|---------|