



The Regulation and
Quality Improvement
Authority

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**Unannounced Care Inspection
of
Lisadian House**

21 April 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 21 April 2015 from 09.50 to 16.40.

This focus of this inspection was underpinned by the DHSSPSNI Care Standards for Nursing Homes (2015) **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying; and Standard 32 - Palliative and End of Life Care.**

Overall on the day of 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.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015 relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 standards until compliance is achieved. Please also refer to section 6.2 of this report.

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 16 October 2015.

1.2 Actions/Enforcement Resulting from this Inspection

As a result of this inspection two requirements regarding completion of risk assessments and management of restrictive practices, have each been stated for a third time. As a result enforcement action was considered in discussion with the Head of Nursing, Pharmacy and Independent healthcare regulation. It was concluded that enforcement action would not be taken at present. Both requirements have been assessed as partially met and have been stated for a third and final time.

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	7	8

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager, the regional manager and the deputy manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Elim Trust Corporation - Pastor Edwin Michael	Registered Manager: Refer to box below
Person in Charge of the Home at the Time of Inspection: Mr Robert Ginn	Date Manager Registered: Mr Robert Ginn - Registration pending
Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of Registered Places: 45
Number of Patients Accommodated on Day of Inspection: 41	Weekly Tariff at Time of Inspection: £593 + £15 top up

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

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

- discussion with the home manager
- discussion with patients
- discussion with staff
- review of care records
- observation during an inspection of the premises
- evaluation and feedback.

The inspector met with seven patients individually and the majority of others in groups, three registered nurses, three care staff and one patient's visitors/representative.

Prior to inspection the following records were analysed:

- 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 (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report.

The following records were examined during the inspection:

- staff duty rotas
- staff training records
- staff competency and capability records
- care assistant induction records
- minutes of staff meetings
- five care records (two of which were specifically related to the theme)
- a selection of policies and procedures
- incident and accident records
- care record audits
- guidance for staff in relation to palliative and end of life care.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced medicines management inspection on 12 March 2015. Following this inspection a number of concerns were identified and a meeting was held at RQIA on 20 March 2015. At this meeting it was decided to allow the home a period of time to improve. A further medicines management inspection is to be carried out to assess compliance. The QIP is not yet due for return by the registered persons.

5.2 Review of Requirements and Recommendations from the last care inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: Second time</p>	<p>It is a requirement that at the time of each patient's admission to the home, the following minimum information should be completed on the day of admission to the home.</p> <ul style="list-style-type: none"> • a validated nursing assessment such as Roper, Logan and Tierney • a validated bedrail assessment • a validated pressure risk assessment such as Braden • a validated nutritional risk assessment such as MUST • a validated falls risk assessment • a validated safe moving and handling assessment • a validated continence assessment 	<p>Partially Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>A review of care records could not evidence that these risk assessments were being completed consistently on admission.</p>	

	<p>Given that this requirement has been stated for a third time, enforcement action was considered in discussion with the Head of Nursing, Pharmacy and Independent healthcare regulation. It was concluded that enforcement action would not be taken at present. The requirement is assessed as partially met and has been stated for a third and final time.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: Second time</p>	<p>It is a requirement that care plans are kept up to date and reflect the patient's current assessment of need and the action taken to meet that need.</p> <ul style="list-style-type: none"> • registered nurses must ensure there is evidence of risk assessment and individual assessment of need to show the decision making process when applying any form of restrictive practice. • Bedrail risk assessments must be reviewed monthly or more often as deemed appropriate as per the home's policy. <hr/> <p>Action taken as confirmed during the inspection:</p> <p>In four of the five records examined there was a bed rail assessment undertaken. However, the assessment does not allow the nurse to state the outcome of the assessment as to whether or not bed rails are to be used. An assessment was not carried out for one patient and in another record the care plan was not reflective of the care needs of the patient in relation to bed rail use. Bed rail risk assessments were not being consistently reviewed on a monthly basis.</p> <p>Given that this requirement has been stated for a third time, enforcement action was considered in discussion with the Head of Nursing, Pharmacy and Independent healthcare regulation. It was concluded that enforcement action would not be taken at present. The requirement is assessed as partially met and has been stated for a third and final time.</p>	<p>Partially Met</p>

<p>Requirement 3</p> <p>Ref: Regulation 15 (2) (a) (b)</p> <p>Stated: First time</p>	<p>The responsible person must ensure that a review of all risk assessments including but not limited to pressure ulcer, manual handling and nutritional assessment is undertaken at least monthly or more often as the patient's condition changes.</p> <hr/> <p>Action taken as confirmed during the inspection: An examination of five care records could not evidence that risk assessments were being consistently reviewed on a monthly basis. This requirement has been stated for a second time.</p>	<p>Not met</p>
<p>Requirement 4</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p>	<p>The responsible person must ensure that when a risk is identified in the risk assessments a corresponding care plan must be prepared as to how the patient's needs in respect of his health and welfare are to be met.</p> <hr/> <p>Action taken as confirmed during the inspection: Risk assessments were not consistently in place so it could not be evidenced that appropriate care plans were in place to meet patients' identified needs. In addition, paper and computer records were both in use which created confusion and omissions. Please refer to section 5.6 for further information. This requirement has been stated for the second time.</p>	<p>Not met</p>
<p>Requirement 5</p> <p>Ref: Regulation 30 (1) (a-g)</p> <p>Stated: First time</p>	<p>The responsible person shall give notice to the RQIA without any delay of the occurrence of any death, illness or other event adversely affecting a patient in the nursing home in compliance with regulation 30.</p> <hr/> <p>Action taken as confirmed during the inspection: The incident notification records were examined. Not all relevant incidents and accidents had been appropriately notified to RQIA. There was a section to complete once RQIA was informed but this was consistently not completed. This was discussed with the manager. This requirement has been stated for the second time.</p>	<p>Not met</p>

<p>Requirement 6</p> <p>Ref: Regulation 27 (2) (b & d)</p> <p>Stated: First time</p>	<p>The responsible person must ensure that the premises are kept in a good state of repair externally and internally at all times and the following issues are effectively addressed:</p> <ul style="list-style-type: none"> • light pull cords must have full length wipeable covers • shelf edging in the laundry and upstairs sluice room require repair or replacement • cleaning of pipework and filters in the laundry room • a review of the extractor fans is required to ensure that malodour is sufficiently controlled • wall tiling in the hallway two sluice requires repair or replacement and a drip tray is required for the bed pan rack to prevent cross contamination • ground floor sluice wall and floor damage requires repair or replacement • the flooring in the upstairs sluice requires repair or replacement • rusted bin holders need to be replaced to enable effective cleaning • in the ground floor bathroom wall tiling must be repaired or replaced, the radiator cleaned and repainted and the rusted laundry hamper replaced • repair of chipped furniture in patient's bedrooms must be undertaken • that the stained carpet in one patient's bedroom is cleaned or replaced • the correct procedure is to be followed in the decontamination of mop heads. <p>The registered person must submit a full environmental audit and an action plan submitted to RQIA as to how these issues will be addressed with the return of the QIP</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>All the works listed had been completed. There were no odours evident in the sluices. Correct procedure was being followed for the decontamination of mop heads.</p> <p>This requirement has been met.</p>	<p>Met</p>
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<p>Requirement 7</p> <p>Ref: Regulation 20 (3)</p> <p>Stated: First time</p>	<p>The responsible person shall ensure that at all times the registered manager carries out a competency and a capability assessment with any nurse who is given the responsibility of being in charge of the home.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The record of a staff nurse who had undergone recent competency and capability assessment for the nurse in charge role was reviewed and found to have been completed appropriately.</p> <p>This requirement has been addressed.</p>		

Previous Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 25.11</p> <p>Stated: First time</p>	<p>It is recommended that an audit of care records is undertaken prior to any transfer to electronic records.</p> <hr/> <p>Action taken as confirmed during the inspection: Records had already been transferred to an electronic format and this requirement is no longer applicable. A further recommendation has been made in relation to care record audits.</p>	Not applicable
<p>Recommendation 2</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p>	<p>All entries in case records are to be contemporaneous; dated, timed and signed, with the signature accompanied by the name and designation of the signatory.</p> <hr/> <p>Action taken as confirmed during the inspection: A sign in sheet had been added to paper records with the name, designation and signature of the nurse included. Each staff nurse had a unique user name for the computer record so these were appropriately attributed to the nurse making the record. This requirement has been met.</p>	
<p>Recommendation 3</p> <p>Ref: Standard 6.4</p> <p>Stated: First time</p>	<p>It is recommended that the fluid intake and output of each patient, where this is being monitored, is reconciled in to the case records.</p> <hr/> <p>Action taken as confirmed during the inspection: Only one patient was currently on a fluid balance chart. Their charts were found not to be totalled at the end of each 24 hour period, there was no fluid target specified and it was not reconciled to the care record. This recommendation has been stated for a second time.</p>	Not met

<p>Recommendation 4</p> <p>Ref: Standard 5.7</p> <p>Stated: First time</p>	<p>It is recommended that falls audits are undertaken at least monthly in order to identify and reduce risk for patients.</p> <hr/> <p>Action taken as confirmed during the inspection: A falls audit had been started recording the date, time and location of falls in the home. These require further development to introduce some analysis to identify patterns and help to prevent recurrence of falls.</p> <p>This recommendation has been stated for the second time.</p>	<p>Partially met</p>
<p>Recommendation 5</p> <p>Ref: Standard 28.4</p> <p>Stated: First time</p>	<p>The training needs of individual staff for their roles and responsibilities must be identified and arrangements put in place to meet them.</p> <p>This could not be verified at the time of inspection. Training required includes but is not limited to:</p> <ul style="list-style-type: none"> • Safeguarding of vulnerable persons • Record Keeping • Wound care training • Nutrition and Dysphagia training • Human rights training <hr/> <p>Action taken as confirmed during the inspection: There was evidence of a rolling programme of mandatory training. Some staff had had training in wound care, nutrition and safeguarding. Record keeping training was being planned. This recommendation has not yet been met and will be stated for a second time.</p>	<p>Partially Met</p>
<p>Recommendation 6</p> <p>Ref: Standard 27.2</p> <p>Stated: First time</p>	<p>The responsible person must ensure that a policy for the management of records detailing the arrangements for the creation, use, retention, storage, transfer, disposal of and access to these records is developed and this submitted to the RQIA within six weeks post inspection.</p> <hr/> <p>Action taken as confirmed during the inspection: This policy was submitted with the return of the last QIP and the requirement has been met.</p>	<p>Met</p>

<p>Recommendation 7</p> <p>Ref: Standard 27.2</p> <p>Stated: First time</p>	<p>The responsible person must ratify any revision of or introduction of new, policies and procedures.</p> <hr/> <p>Action taken as confirmed during the inspection: This was not examined during this inspection and has been carried forward until the next inspection.</p>	<p>Carried forward until the next inspection</p>
<p>Recommendation 8</p> <p>Ref: Standard 28.1</p> <p>Stated: First time</p>	<p>The responsible person must ensure that staff who are newly appointed complete a structured orientation and induction.</p> <ul style="list-style-type: none"> • On the day of inspection there was insufficient evidence to verify that 1 newly appointed staff nurse had received an appropriate induction. The general manager must send confirmation that this induction has been completed within two weeks post inspection <hr/> <p>Action taken as confirmed during the inspection: This was not examined during this inspection and has been carried forward until the next inspection.</p>	<p>Carried forward until the next inspection</p>
<p>Recommendation 9</p> <p>Ref: Standard 28.1</p> <p>Stated: First time</p>	<p>The responsible person must review the storage provision within the home to ensure the health and safety of patients and staff.</p> <hr/> <p>Action taken as confirmed during the inspection: An inspection of the premises confirmed that the storage issues had been reviewed and improvement was noted. This requirement has been met.</p>	<p>Met</p>

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure was available on breaking bad news which reflected current best practice, including regional guidelines on Breaking Bad News. The policy was dated from June 2010.

A sample of staff training records evidenced that staff had not completed recent training in relation to communicating effectively with patients and their families/representatives. However, the three staff nurses spoken with were knowledgeable about the important aspects to consider when communicating sensitively with their patients.

Is Care Effective? (Quality of Management)

The care records examined evidenced that, patients' individual needs and wishes regarding end of life care had been discussed with the GP. The care plans included reference to the patient's specific communication needs including sensory impairment and cognitive ability.

A review of care records evidenced that the breaking of bad news was discussed with patients and/or their representatives; options and treatment plans were also discussed, where appropriate.

Three nursing staff consulted demonstrated their ability to communicate sensitively with patients and/or representatives when breaking bad news by emphasising the need for privacy, sufficient time and the importance of good relationships with their patients.

Is Care Compassionate? (Quality of Care)

Staff were able to evidence in discussion how they delivered bad news sensitively, although they confirmed that they were only required to do this on occasion. The three staff nurses consulted, emphasised the need to provide a private venue for the discussion and to give the patient sufficient time to respond to the news and express their feelings adequately. All emphasised the need for family support when requested and the importance of building trusting, professional relationships with all patients in the home. The six staff consulted were knowledgeable about the needs of specific patients in their care.

Patients confirmed that staff were all kind and attentive to their needs.

Staff were observed to be responding to patients promptly and in a dignified manner. Relationships between staff and patients were relaxed and friendly.

Areas for Improvement

A recommendation has been made that policies in relation to this theme are updated to reflect best practice guidelines and reference to the psychological, spiritual and cultural needs of patients.

Number of Requirements	0	Number of Recommendations	1
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5.4 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)

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home dated from June 2010. The most recent best practice guidance in the management of palliative care in nursing homes was, therefore, not included. The management of the deceased person's belongings and personal effects was included in the policy and procedure.

A review of staff training records evidenced that no staff had completed recent training in respect of palliative/end of life care. On the day of inspection the manager met with the Trust palliative care nurse and training is now to be arranged. The palliative care nurse will also facilitate meetings for a palliative care link nurses whom the home manager plans to appoint. However, six staff consulted although very knowledgeable about this aspect of care, were unaware of the Gain Palliative Care Guidelines, November 2013.

Discussion with staff and a review of care records confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

Discussion with the manager, staff and a review of 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.

The manager and staff confirmed that arrangements were in place to obtain timely access to any specialist equipment or medications required to meet the needs of patients.

Is Care Effective?

A sample of care records evidenced that the GP discussed death and dying arrangements with the patient and/or their representatives as appropriate. These discussions were very valuable and available in the care records but there was little evidence to suggest that these had been incorporated in to the care plans by the nursing staff. In addition, there was insufficient consideration given to the patient's social, cultural and religious preferences in the care records examined.

A review of care records evidenced that patients' needs for palliative and end of life care were assessed and documented in patient care plans. This included the management of hydration and nutrition, pain management, comfort, dignity, sleep and symptom management. The review of two relevant patients' care records did not evidence consultation with patients and/or their representatives in respect of the decision making processes, care planning and delivery of end of life care. The care records examined evidenced that care plans were not being consistently reviewed and in one case did not reflect the current needs of the patient.

A key worker/named nurse was identified for each patient approaching end of life care. There was evidence that referrals had been made to the specialist palliative care team and where instructions had been provided, these were evidently adhered to.

Discussion with the manager, staff and a review of care records evidenced that environmental factors had been considered as a patient approached the end of life, for example, quietness, low lighting and placement in the home.

A quiet room was provided for relatives and friends of the dying person or arrangements made to accommodate relatives/representatives in the patient's room. Staff ensured that they were offered regular drinks and snacks. Staff confirmed that relatives were always made welcome and as comfortable as possible.

A review of notifications of death to RQIA during the previous inspection year confirmed that deaths had been notified appropriately in accordance with The Nursing Home Regulations, 2005. Not all incidents, however, had been appropriately notified and a requirement made in this regard has been stated for a second time. Please refer to section 5.2 for further information.

Is Care Compassionate? (Quality of Care)

Discussion with three nursing staff and a review of care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding death and dying by the GP. This was not always incorporated in to the nursing care plans. Nursing staff consulted, however, demonstrated an awareness of patients' expressed wishes and needs.

From discussion with the manager and staff there was evidence that arrangements in the home were sufficient to support relatives to spend as much time as they wished with the person during this time. Relatives of a recently deceased patient had commended the management and staff for their efforts in caring for the family and patient. Care staff particularly commented on spending time with patients who had no family to support them and they stated that they often took turns to sit with a patient who was dying in order to offer comfort and support. A number of care staff confirmed that they read to patients from the bible or favourite poetry, spoke with them, held their hand and played favourite songs, thus attempting to meet cultural, spiritual and religious needs.

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

The staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death. From discussion with the manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included staff meetings and an open door policy by the manager and deputy manager to enable staff to discuss any concerns.

There was no up to date information regarding support services available for staff, patients and their relatives. Assurances were given by the home manager that these resources would be obtained without delay.

Areas for Improvement

As previously stated, a recommendation has been made that policies in relation to this theme are updated to reflect best practice guidelines and reference to the psychological, spiritual and cultural needs of patients.

A recommendation has been made that end of life and after death arrangements should be discussed with the patient / their representatives, as appropriate, and documented in their care plan. This should include the patient's wishes and take account of their cultural and spiritual preferences and preferred place of death/care.

A recommendation has been made that current palliative care guidelines are made available to staff to consult as appropriate.

A requirement has been made that care plans are reviewed at least monthly in order to reflect the current needs of patients.

Number of Requirements	1	Number of Recommendations	3
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5.5 Additional Areas Examined

5.5.1 Environment

An inspection of the premises evidenced good progress with the storage of equipment. The manager discussed plans to create a new nurses' station overlooking the lounge and dining areas which would make a positive improvement to the current arrangements. A variation is to be submitted by the registered persons. Issues identified with the premises at the last care inspection had all been effectively addressed. It was noted, however, that there was widespread damage to doors and architraves throughout the home. This was discussed with the manager and the regional manager and there are already plans in place to undertake repairs and redecoration. This will continue to be monitored as part of ongoing inspection activity.

In addition, there were noted to be wipes and other items stored on the toilet cisterns of shared patient bathrooms and WC's. This is not in accordance with best practice in infection prevention and control and a requirement has been made in this regard.

5.5.2 Care Record

Whilst reviewing the patients' care records it became apparent that both paper and computer records were in use simultaneously. As a result some nurses were making entries in the paper record and some in the computer record. This was leading to confusion, omissions and inconsistencies in the record keeping. This was discussed with the manager and it was agreed that a date would be set for a complete change over to computer records within six weeks from the date of inspection. A recommendation has been made in this regard.

It was further noted that no up to date care record audits have been undertaken. It is recommended that these are undertaken on a monthly basis to identify areas for improvement in record keeping.

5.5.3 Comments by staff, patients and patient representatives

As part of the inspection process patients, their representatives and staff were consulted and questionnaires issued. All comments were generally positive. Some comments received are detailed below:

Staff

“The manager and deputy manager are so supportive.”
 “The management changes have been difficult but it’s a good home.”
 “The staff are lovely and the teamwork is good.”
 “It’s a lovely home with lovely staff.”

Patients

Patients were unable to complete the questionnaires but comments made in discussion included:

“They are very good to me.”
 “The food can be samey but it’s nice.”
 “The staff are very kind.”

Patient’s representatives

One visiting relative stated in discussion that they were happy with the care their loved one was receiving in the home. Four relatives completed questionnaires and all respondents were positive about the care and the staff. Comments included:

“The carers are always cheerful and helpful despite the demanding job they are doing.”
 “We are very satisfied with xxx’s care and greatly appreciate each and every one of all involved.”
 “There is a welcome atmosphere when you arrive.”

One relative did comment about the turnover of staff, including a newly appointed manager. They felt that more information should be given to the relatives. This was discussed with the manager and a notice was shown to RQIA advertising a residents meeting to be held in the next few weeks which may help to address this concern.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Robert Ginn, manager, the deputy manager and the regional manager as part of the inspection process. The timescales commence from the date of inspection.

The registered persons 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 persons 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 will be completed by the 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 by the registered manager. Once fully completed, the QIP will be returned to 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

Statutory Requirements

Requirement 1

Ref: Regulation 14 (2) (c)

Stated: Third and final time

To be Completed by: 21 July 2015

It is a requirement that at the time of each patient's admission to the home, the following minimum information should be completed on the day of admission to the home.

- a validated nursing assessment such as Roper, Logan and Tierney
- a validated bedrail assessment
- a validated pressure risk assessment such as Braden
- a validated nutritional risk assessment such as MUST
- a validated falls risk assessment
- a validated safe moving and handling assessment
- a validated continence assessment

Response by Registered Manager Detailing the Actions Taken:

Checklist has been compiled for nurses to follow when admitting a patient. Nurse Manager to undertake an audit of patients record 1 month after admission.
Agenda item at Registered Nurse Meetings.

Requirement 2

Ref: Regulation 16 (2) (b)

Stated: Third and final time

To be Completed by: 21 July 2015

It is a requirement that care plans are kept up to date and reflect the patient's current assessment of need and the action taken to meet that need.

- registered nurses must ensure there is evidence of risk assessment and individual assessment of need to show the decision making process when applying any form of restrictive practice
- Bedrail risk assessments must be reviewed monthly or more often as deemed appropriate as per the home's policy.

Response by Registered Manager Detailing the Actions Taken:

The Nursing Sister will undertake a monthly audit and present the findings to the Nurse Manager.
Agenda item at Registered Nurse Meetings.

Requirement 3

Ref: Regulation 15 (2) (a) (b)

Stated: Second time

To be Completed by: 21 July 2015

The responsible person must ensure that a review of all risk assessments including but not limited to pressure ulcer, manual handling and nutritional assessment is undertaken at least monthly or more often as the patient's condition changes.

Response by Registered Manager Detailing the Actions Taken:

Goldcrest system provides the Nurse Manager with a weekly audit. Registered Nurses will be informed if risk assessments are overdue.
Agenda item at Registered Nurse Meetings.

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<p>Requirement 4</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: Second time</p> <p>To be Completed by: 21 July 2015</p>	<p>The responsible person must ensure that when a risk is identified in the risk assessments a corresponding care plan must be prepared as to how the patient's needs in respect of his health and welfare are to be met.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Registered Nurses have been informed that they must write a corresponding care plan when a risk has been identified. Nursing Sister will undertake a monthly audit and present the findings to the Nurse Manager. Agenda item at the Registered Nurse Meeting.</p>
<p>Requirement 5</p> <p>Ref: Regulation 30 (1) (a-g)</p> <p>Stated: Second time</p> <p>To be Completed by: 21 July 2015</p>	<p>The responsible person shall give notice to the RQIA without any delay of the occurrence of any death, illness or other event adversely affecting a patient in the nursing home in compliance with regulation 30.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: The Nurse Manager has informed the Nursing Sister and Registered Nurses that a Form (1a) - Statutory Notification of Events (Adult Services) must be completed and sent to RQIA when the Nurse Manager is Off Duty when any of the above incidents occur. Agenda item at the Registered Nurse Meetings.</p>
<p>Requirement 6</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be Completed by: 21 May 2014</p>	<p>Items stored on toilet cisterns in shared patients' bathrooms must be removed and stored appropriately in accordance with best practice in infection prevention and control.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Nurse Manager has informed domestics to stop this practice. Nurse Manager to undertake random checks.</p>
<p>Requirement 7</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: First time</p> <p>To be Completed by: 21 July 2014</p>	<p>Care plans must be reviewed at least monthly to reflect the current needs of the patients.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Nurse Manager receives a weekly audit from the Goldrest system. Agenda item at the Registered Nurse Meetings.</p>

Recommendations	
Carried forward until next inspection Ref: Standard 26.6 Stated: First time	<p>The responsible person must ratify any revision of or introduction of new, policies and procedures.</p> <p>Response by Registered Manager Detailing the Actions Taken: Due to the nature of the organisation, the Registered Provider i.e. Pastor Edwin Michael delegates to the General Manager and Registered Manager at Hockley and Lisadian House the responsibilities designated to him under Care Standards for Nursing Homes (HSSPS, April 2015). Policies and Procedures are endorsed by the Registered Manager of Hockley/Lisadian House and the General Manager. According to the management structure the Registered Manager reports to the General Manager, who reports to the Registered Provider.</p>
Carried forward until next inspection Ref: Standard 28.1 Stated: First time	<p>The responsible person must ensure that staff who are newly appointed complete a structured orientation and induction.</p> <ul style="list-style-type: none"> On the day of inspection there was insufficient evidence to verify that 1 newly appointed staff nurse had received an appropriate induction. The general manager must send confirmation that this induction has been completed within two weeks post inspection <p>Response by Registered Manager Detailing the Actions Taken: Not examined at the inspection</p>
Recommendation 1 Ref: Standard 6.4 Stated: Second time To be Completed by: 21 July 2015	<p>It is recommended that the fluid intake and output of each patient, where this is being monitored, is reconciled in to the case records.</p> <p>Response by Registered Manager Detailing the Actions Taken: Nurse Manager has informed all staff that fluid intake and output records must be reconciled in to the case records. Nursing Sister will undertake a weekly audit and present findings to Nurse Manager.</p>
Recommendation 2 Ref: Standard 5.7 Stated: Second time To be Completed by: 21 July 2015	<p>It is recommended that falls audits are undertaken at least monthly in order to identify and reduce risk for patients.</p> <p>Response by Registered Manager Detailing the Actions Taken: A daily falls audit has been implemented from the 19 May 2015.</p>
Recommendation 3 Ref: Standard 28.4 Stated: Second time	<p>The training needs of individual staff for their roles and responsibilities must be identified and arrangements put in place to meet them.</p> <p>This could not be verified at the time of inspection. Training required includes but is not limited to:</p>

<p>To be Completed by: 21 October 2015</p>	<ul style="list-style-type: none"> • Safeguarding of vulnerable persons • Record Keeping • Wound care training • Nutrition and Dysphagia training • Human rights training <p>Response by Registered Manager Detailing the Actions Taken: Dates for further training are being agreed at present to ensure all staff have received up to date training and are aware of best practice to ensure the highest standard of care for our patients.</p>
<p>Recommendation 4 Ref: Standard 36.2 Stated: First time To be Completed by: 21 October 2015</p>	<p>The following policies should be reviewed to reflect current best practice guidelines and to take in to consideration the spiritual, psychological and cultural needs of patients.</p> <ul style="list-style-type: none"> • Breaking bad news /communicating effectively • Death of a patient/resident • Care of the terminally ill patient/ resident. <p>Response by Registered Manager Detailing the Actions Taken: Relevant Policies are being reviewed by Nurse Manager and Nursing Sister to ensure they include the residents spiritual, psychological and cultural needs.</p>
<p>Recommendation 5 Ref: Standard 20.2 Stated: First time To be Completed by: 21 July 2015</p>	<p>End of life and after death arrangements should be discussed with the patient / their representatives, as appropriate, and documented in their care plan. This should include the patient's wishes and take account of their cultural and spiritual preferences and preferred place of death/care.</p> <p>Response by Registered Manager Detailing the Actions Taken: Meeting have been arranged for the month of June with the GP, Resident, NOK, Primary Nurse and Nurse Manager to discuss. Documented in the patients electronic care records.</p>
<p>Recommendation 6 Ref: Standard 32.1 Stated: First time To be Completed by: 21 May 2015</p>	<p>The following guidance should be made available to staff for reference as required:</p> <p style="text-align: center;">GAIN - Palliative and end of life care in nursing homes and residential care homes guidance (2013)</p> <p>Response by Registered Manager Detailing the Actions Taken: Palliative and End of Life Care resource file produced. Gain (2013) guidelines downloaded and printed.</p>
<p>Recommendation 7 Ref: Standard 37.4 Stated: First time</p>	<p>It is recommended that there is a complete switch over made from paper records to electronic records within six weeks post inspection in order to ensure that patients' care records are accurate and up to date.</p> <p>Response by Registered Manager Detailing the Actions Taken:</p>

To be Completed by:
2 June 2015

Residents care Records will switch from paper records to electronic records from Monday 1 June 2015.

Recommendation 8 Ref: Standard 35.4 Stated: First time To be Completed by: 21 July 2015	Audits of care records should be undertaken and the findings acted upon to enhance the standards of record keeping.		
	Response by Registered Manager Detailing the Actions Taken: Nursing Sister will undertake a monthly audit and present the findings to the Nurse Manager. Agenda item at the Registered Nurse Meeting.		
Registered Manager Completing QIP	Robert Ginn	Date Completed	09/06/15
Registered Person Approving QIP	Elaine Hill	Date Approved	08/6/15
RQIA Inspector Assessing Response	Karen Scarlett	Date Approved	15/6/15

Please ensure the QIP is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address

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