



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
Louisville**

**24 June 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1. Summary of Inspection

An unannounced care inspection took place on 24 June 2015 from 09.50 to 17.25.

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

Overall 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.

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 sections 5.2 and 6.2 of this report.

For the purposes of this report, the term 'patients' will be used to describe those living in Louisville Private Nursing Home.

### 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 13 August 2014.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action 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>	1	4

The details of the Quality Improvement Plan (QIP) within this report were discussed with the responsible person Raymond Murphy, deputy manager Sajo Varghese and applicant to the role of responsible person Barry Murphy as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Raymond Murphy	<b>Registered Manager:</b> Geetha Rajappan
<b>Person in Charge of the Home at the Time of Inspection:</b> Sajo Varghese - Deputy Manager	<b>Date Manager Registered:</b> Acting capacity, application for registration is being processed.
<b>Categories of Care:</b> NH-I	<b>Number of Registered Places:</b> 48
<b>Number of Patients Accommodated on Day of Inspection:</b> 39	<b>Weekly Tariff at Time of Inspection:</b> £593 - £623

## 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 registered provider
- Discussion with the applicant for the position of registered provider
- Discussion with the deputy manager
- Discussion with the staff on duty during the inspection
- Discussion with the patients
- Review of six care records
- The use of questionnaires which staff and relatives completed and returned
- Review of the previous care inspection report
- Review of the previous quality improvement plan
- Completion of the pre inspection assessment audit
- Observation during a walk around of the premises
- Review of notifiable events submitted since the previous inspection
- Evaluation and feedback

During the inspection the following records were requested and analysed where possible:

- Policy on Communication
- Policy on Palliative and end of life care
- Policy on Death and dying
- Policy on Safeguarding of vulnerable adults
- Staff duty rotas
- Staff training records
- Evidence of palliative care nurse
- A completed induction booklet
- Competency and capability template
- Incident reports
- Compliments file
- Complaints book
- Regulation 29 file
- Best Practice guidelines
- Six patient care records
- Annual quality report

During the inspection, the inspectors met with 15 patients, five care assistant staff, three nurses, two ancillary staff, no visiting professionals and one patient's visitor/representative.

## **5. The Inspection**

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

The previous inspection of Louisville Private Nursing Home was an unannounced care and finance inspection dated 13 August 2014. The completed QIP was returned and approved by the care 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> Regulation 15 (2) (a) and (b)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that the assessment of the patient's needs is:</p> <ul style="list-style-type: none"> <li>• kept under review; and</li> <li>• revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually, and by ensuring:</li> <li>• assessments reflect discussion and agreement regarding the use of restraint with the relevant stakeholders</li> <li>• risk assessment should be recorded on admission using validated risk assessments</li> <li>• pain assessment should be undertaken when patients are prescribed analgesia</li> <li>• Waterlow and Braden assessments are not used concurrently</li> <li>• Review the use of all risk assessments to ensure they are validated/supported with an evidence base</li> <li>• Include the use of photography (with patient consent) as part of the wound assessment process</li> </ul>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspectors confirmed relevant patient risk assessments had been completed and care plans had been written to meet patient needs and in accordance with best practice guidelines. Care plans were evidenced to be reassessed monthly and were up to date at the time of inspection.</p>	

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 16 (1) and (2) (b)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person must ensure that care plans are kept under review and the following information is recorded:</p> <ul style="list-style-type: none"> <li>• accurate food and fluid charts as identified</li> <li>• accurate fluid balance chart when urinary catheter in situ</li> <li>• accurate repositioning and skin inspection charts when at risk of developing pressure ulcers</li> <li>• care plan regarding seating when at risk of pressure ulcers</li> <li>• care plan/evaluation in relation to pain management as identified</li> </ul>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspectors confirmed, following a review of the relevant patients' care records, that all required information was present</p>		
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 10 (3)</p> <p><b>Stated:</b> First time</p>	<p>The registered manager shall undertake from time to time such training as is appropriate to ensure that s/he has the experience and skills necessary for managing the nursing home by ensuring:</p> <ul style="list-style-type: none"> <li>• any outstanding mandatory or management training for the registered manager is undertaken</li> </ul>	<p><b>Not Applicable</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspectors confirmed that this requirement referred to a member of staff who no longer works in the home, therefore this requirement is closed.</p>		

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p>	<p>The registered person must make suitable arrangements to minimise the risk of infections and toxic conditions and the spread of infection between patients and staff by:</p> <ul style="list-style-type: none"> <li>• seeking guidance from the infection control nurse in the local health and social care Trust and confirm that the decontamination process for the commode receptacles is in keeping with the Northern Ireland Regional Infection Prevention and Control Manual</li> <li>• replacing chairs and cushions deemed not fit for purpose</li> <li>• undertaking environmental audits to ensure that cleaning schedules are carried out to an acceptable standard.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> The inspectors evidenced that environmental audits were undertaken on a regular basis. There was no evidence of chairs or equipment which was not fit for purpose.</p>	<p><b>Met</b></p>
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 16 (1)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a written plan is prepared by a nurse in consultation with the patient or patient's representative as to how the patient's needs in respect of his health and welfare are to be met.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspectors confirmed that on examination of six care records, five out of the six records evidenced consultation with the patients and/or their representative.</p>	<p><b>Met</b></p>

<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulation 20 (1) (a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall. Having regard to the size of the nursing home, the statement of purpose and the number and needs of patients-</p> <p>(a) ensure that at all times, suitably qualified, competent and experienced persons are working in the nursing home in such numbers as are appropriate for the health and welfare of patients.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspectors confirmed, following a review of four weeks duty rotas, that staffing arrangements were appropriate to meet the needs of the patients.</p>		
<p><b>Requirement 7</b></p> <p><b>Ref:</b> Regulation 18 (2) (c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall having regard to the size of the nursing home and the number and needs of patients-</p> <p>(c) provide in rooms occupied by patients adequate furniture, bedding, and other furnishings including curtains and floor covering, and equipment suitable to the needs of patients and screens where necessary.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspectors confirmed that following a conversation with the registered person and a tour of the premises issues involving carpeting and bedroom furnishings were addressed or in the process of being addressed.</p>		
<p><b>Last Care Inspection Recommendations</b></p>		<p><b>Validation of Compliance</b></p>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 26.1</p> <p><b>Stated:</b> Second time</p>	<p>It is recommended that:</p> <ul style="list-style-type: none"> <li>• the annual quality report incorporates evidence from a range of quality assurance processes and outcomes and outline the action taken to address any deficits identified.</li> </ul>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspectors confirmed the annual quality report was completed and available in the home.</p>		



<p><b>Recommendation 2</b></p> <p>Ref: Standard 16.1</p> <p>Stated: Second time</p>	<p>It is recommended that:</p> <ul style="list-style-type: none"> <li>• staff are reminded regarding the content of the whistleblowing policy and that it is included in SOVA training.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Discussion with staff evidenced their awareness with the policy on safeguarding of vulnerable adults and whistle blowing.</p>	<b>Met</b>
<p><b>Recommendation 3</b></p> <p>Ref: Standard 16.2</p> <p>Stated: First time</p>	<p>It is recommended that:</p> <ul style="list-style-type: none"> <li>• induction records are dated and evidence that the registered manager has reviewed the completed programme, validated the employee's knowledge and/or confirmed successful completion of the induction programme</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> On inspection of completed induction training programmes the inspectors confirmed that induction records were signed and dated by the home manager on completion of the induction.</p>	<b>Met</b>
<p><b>Recommendation 4</b></p> <p>Ref: Standard 5.5</p> <p>Stated: First time</p>	<p>It is recommended that:</p> <ul style="list-style-type: none"> <li>• when patients are seated in wheelchairs that a cushion is used in accordance with the manufacturer's instructions and the assessed needs of the individual patient.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Patients who were wheelchair users were observed to be seated on the correct cushions. The registered provider had also purchased six new wheelchairs.</p>	<b>Met</b>

### 5.3 Standard 19 - Communicating Effectively

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

A policy and procedure on communication which referenced DHSSPS guidelines 'Breaking Bad News' was not available for review.

A sampling of the completed training records evidenced that 25 of 28 staff had completed training in relation to communicating effectively with patients and their families/representatives.

This training included the procedure for breaking bad news as relevant to staff roles and responsibilities.

The homes induction programme includes communication as a topic and includes barriers and aids to communication. The core nursing and care staff have received updated communication training between February and June 2015.

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

Care records reflected patients' individual needs and wishes regarding the end of life care. Records included reference to the patient's specific communication needs.

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

Care staff were consulted and discussed their ability to communicate sensitively with patients and/or representatives. When the need for breaking of bad news was raised care staff felt this was generally undertaken by nursing staff. However, staff were aware of communication aids/cues, for example, non-verbal cues and gestures. They also felt their role was to empathise and to support patients and their representatives following sensitive or distressing news.

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

Discussion was undertaken with staff regarding how they communicate with patients and their representatives.

All staff presented as knowledgeable and had a strong awareness of the need for sensitivity when communicating with patients and their representatives. Direct observation of staff evidenced staff to be responding to patients in a dignified, courteous and respectful manner. The home was quiet with no unnecessary noise and staff communicated with the patients in a calm tone of voice. Patients were observed to be comfortable.

A number of communication events were observed throughout the inspection visit which validated that staff embedded this knowledge into daily practice. These observations included staff assisting patients with meals, and speaking to patients with a cognitive or sensory impairment. There was a calm, peaceful atmosphere in the home throughout the inspection visit.

Staff recognised the need to develop a strong, supportive relationship with patients and their representatives from day one in the home. It was appreciated by staff that this relationship would allow the delivery of bad news more sensitively and with greater empathy when required.

A number of letters complimenting the care afforded to patients were viewed. Families stated their appreciation and support of staff and the care afforded in Louisville. Some of the comments are as follows:

'I would have no hesitation in recommending Louisville to anyone.'

'Thank you for all the amazing care you showed my mother.'

'Thank you for looking after my wife. I couldn't have done it without you.'

### Areas for Improvement

New policy documentation in respect of on communicating effectively should be written. A system should be implemented to ensure and verify staff are knowledgeable of the policy documentation and regional guidelines.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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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)

As previously stated policy documentation in respect of communicating effectively was not available. Policy documentation on the management of palliative and end of life care and death and dying was also not available. Assurances were given that the policies would be made available to staff in the near future. It was advised policy documents should reflect best practice guidance such as the Gain Palliative Care Guidelines, November 2013, and included guidance on the management of the deceased person's belongings and personal effects.

Training records evidenced that staff were trained in the management of death, dying and bereavement. Records evidenced three registered nurses had completed the training in palliative care in January 2015 and four registered nurses in April 2015. Registered nursing staff and care staff were aware of and able to demonstrate knowledge of the Gain Palliative Care Guidelines, November 2013.

30 staff had undertaken e-learning training in palliative care. Palliative care is currently not part of the induction programme and this was discussed with the responsible person and the deputy manager who will take action in adapting the programme to include palliative and end of life care.

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

Whilst there were no patients identified as requiring end of life care in the home at the time of the inspection, the care records of one patient who had been in receipt of end of life and palliative care were reviewed. A review of the care records evidenced that the patient's needs were assessed and reviewed on an on-going basis. This included the management of hydration and nutrition, pain management and symptom management. A key worker/named nurse was identified for each patient. There was evidence that referrals would be made if required to the specialist palliative care team and close contact was evidenced to be maintained with the patient's General Practitioner.

Discussion with the deputy manager, staff and a review of care records evidenced that environmental factors had been considered. Management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying, patients bedrooms are single rooms' and patients representatives were enabled to stay for extended periods of time without disturbing other patients in the home.

A review of notifications of death to RQIA during the previous inspection year, evidenced they were appropriately submitted.

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

Discussion with staff and a review of care records evidenced that patients and/or their representatives had been consulted in respect of their spiritual preferences regarding care. Staff gave examples from the past, of how they supported the spiritual wishes of patients and of how staff stayed and gave emotional support to patients at the end of life. Staff stated they were able to sit with patients, if family members were not available so as no patient passed away with no one present.

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

Discussion with the deputy 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.

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 for example, bereavement support and staff meetings.

### **Areas for Improvement**

New policy documentation in respect of palliative and end of life care should be written. A system should be implemented to ensure and verify staff are knowledgeable of the policy documentation and regional guidelines.

Palliative and end of life care information should be included at the time of induction of new staff.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>2</b>
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## **5.5 Additional Areas Examined**

### **5.5.1. Registration categories**

Louisville is registered with RQIA to provide care within the category of 'old age not falling within any other category' (NH-I). However, during the inspection the inspectors considered that due to a number of patients having a physical disability other than sensory impairment both under and over 65 years of age, this category of care needed to be reflected on the home's certificate of registration. Nursing homes may only provide care for patients within the category of care as stated on their certificate of registration. To do otherwise is a breach in the regulations. Therefore the responsible person must complete and submit an application for the additional category or categories they wish to be registered for. A requirement has been made.

## 5.5.2. Infection Control

A tour of the premises highlighted a number of issues concerning infection control measures and storage within the home. These were discussed with managements and recommendations have been made. The issues were:

### Infection control

- Soft toys had been stored in bathroom cupboards
- A door was missing of one of the bathroom cupboards and staining was noted on one of the shelves in a bathroom cupboard
- Bathroom cupboards should be fit for purpose and only hold items deemed necessary for the function of the room
- Fabric screens were noted to be stored in a bathroom area
- Some signage throughout the home was on ordinary A4 paper attached to doors
- All signage in patient areas should be laminated to allow for thorough cleaning
- uncovered waste bins were noted to be in use in communal bathrooms and toileting areas

### Storage

- Communal wheelchairs were stored in a space under the stairs blocking access to a full coat rack when all of the wheelchairs are not in use. Only wheelchairs which are in use should be stored in the area
- Wheelchairs should be named to the patient they belong too and only used for that patient. Communal wheelchairs should have a system in place to show that they have been cleaned after every patient use
- There should to be a safe and hazard free route to the coat rack to reduce the risk of harm or injury to any user

Infection control audits were being undertaken on a monthly basis and an action plan drafted afterward to deal with any issues identified. However, evidence of the remedial action taken where shortfalls were highlighted should be available. A recommendation has been made.

## 5.5.3 Staff induction

The induction training programme for newly appointed staff did not include information in respect of palliative/end of life care or death and dying. A recommendation has been made.

The review of the induction training programme evidenced that registered nurses and care staff complete the same induction training. It was recommended that the induction training programme is revised so as to reflect the roles and responsibilities of the differing grades of staff.

## 5.5.4 Personal Care

While the majority of patients observed on inspection appeared to have personal hygiene needs well met there were some patients who presented with unclean fingernails, stained clothing, weeping eyes and glasses with lenses that had not been cleaned. This was discussed with the responsible persons who said they will address this issue immediately.

### 5.5.5 Questionnaires

#### Staff

As part of the inspection process we issued questionnaires to staff. Nine questionnaires were completed and returned. All comments on the returned questionnaires were in general positive. Comments included:

*'Louisville is one of the best homes in Belfast as recognised by patients and family. We get good compliments from MDT and family.'*

*'The home provides training sessions available for all staff members in order to improve the quality of care to patients.'*

*'The care of the residents of all the aspects are divided among the staff members so that each resident is provided with high quality care.'*

*'Staff are very good with the residents. We try to make them feel homely. It's a good friendly environment to work in.'*

*'Great care given.'*

*'Excellent care given.'*

#### Relatives

Two questionnaires were returned to RQIA from patient's representatives. One at the time of inspection was very positive:

*'I'm very happy with the care my mum is receiving. The care workers are very helpful with my mum and she has been feeling content'*

The second received in the post to RQIA stated how happy her mum was in the home and is always saying how happy she is however the patient's daughter expressed concern over a health and safety issue involving a trip hazard. This was discussed with Barry Murphy by telephone who has now addressed the situation.

#### Patients

The inspection process allowed for consultation 15 patients who in general confirmed that they were happy with the care they received and the manner in which they were treated in Louisville. Some patient comments are listed below:

*'It's lovely in here, the girls are very good.'*

*'This place is fantastic. Everybody is lovely.'*

*'They get on well with everybody.'*

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Raymond Murphy responsible person, Barry Murphy applicant for responsible person and Sajo Varghese, deputy 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

### Statutory Requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 15 (1) (e)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>24 August 2015</b></p>	<p>The registered person must ensure that the categories of care on the registration certificate displayed in the home reflect the patients they accommodate in their home. An application for additional categories must be submitted to the Regulation and Quality Improvement Authority.</p> <p><b>Ref: Section 5.5.1</b></p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The relevant variation form has been submitted to the RQIA.</p> <p>The Home has spoken to the RQIA Registration Administrator and Inspector to confirm that any outstanding documentation will be provided within the agreed timescale.</p>

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 36.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>24 August 2015</b></p>	<p>The registered person shall ensure policies and procedures for all operational areas of the home are in accordance with statutory requirements and are readily available.</p> <p><b>Ref: Sections 5.3 and 5.4</b></p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> It was noted during the inspection that three policies were not readily available to the Inspector. However, these policies and procedures were in the Home and nursing staff have been instructed that these policies should be visible and available for scrutiny at all time.</p>



<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 46.2</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>24 August 2015</b></p>	<p>The registered person shall ensure that infection prevention and control measures are taken in relation to storage, cleanliness, and use of facilities, use of equipment and outcomes of identified actions.</p> <p>Evidence of the remedial action taken where shortfalls are highlighted, following the completion of an infection control audit, should be available.</p> <p><b>Ref: Section 5.5.2</b></p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> A number of wheelchairs have been removed from the highlighted area in the Home.</p> <p>Whilst the Home has a number of stores, an additional storage room for wheelchairs and hoists is being considered.</p> <p>The Home will consult with the Estates Inspector who is due to visit the premises on 18<sup>th</sup> August '15 regarding a suitable location.</p> <p>A deep internal clean has been carried out to include the area as highlighted in the inspection report. Wheelchairs are cleaned on a daily basis and a policy has been introduced to individualise each chair and this practice will be implemented whenever possible.</p> <p>The flooring in the two bedrooms identified have now been replaced. The chairs and recliners have been repaired or replaced as necessary.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 39.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>24 August 2015</b></p>	<p>The registered person shall ensure that the Induction training programme for newly appointed staff reflects the roles and responsibilities of the differing grades of staff.</p> <p>Information on palliative/end of life care and/or death and dying should be included.</p> <p><b>Ref: Section 5.5.3</b></p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The induction training programme is available and reflects the roles and responsibilities of the differing grades of staff members.</p> <p>Information required on palliative / end of life care and / or death and dying has now been included within the induction programme.</p> <p>All current staff have now completed the relevant training relating to the above.</p>

<b>Recommendation 4</b>	The responsible persons will ensure that all patients accommodated in the home will have their personal hygiene needs met on a daily basis and as and when required to protect their dignity.
<b>Ref:</b> Standard 6.14	
<b>Stated:</b> First time	<b>Ref: Section 5.5.4</b>
<b>To be Completed by:</b> <b>24 July 2015</b>	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> A daily personal hygiene audit is carried out by either the registered nurses on duty or the nurse manager to ensure that all personal hygiene needs are met and that the residents dignity is safeguarded at all times.

<b>Registered Manager Completing QIP</b>	Geetha Rajappan	<b>Date Completed</b>	07/08/2015
<b>Registered Person Approving QIP</b>	Barry Murphy	<b>Date Approved</b>	07/08/2015
<b>RQIA Inspector Assessing Response</b>	Heather Sleator	<b>Date Approved</b>	<b>07/08/2015</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\**