Our Lady's Home
RQIA ID: 1277
68 Ard-Na-Va Road
Belfast
BT12 6FF

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Unannounced Care Inspection
of
Our Lady's Home

12 and 13 January 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 12 January 2016 from 09:40 hours to 16:30 hours and 13 January 2016 from 10:00 hours to 16:15 hours.

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.

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 15 July 2015.

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
Total number of requirements and recommendations made at this inspection	1*	6

*This requirement is stated for the second time.

The details of the Quality Improvement Plan (QIP) within this report were discussed with Gavin O'Hare Connolly, acting manager and Nora Curran, 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: Diocese of Down and Connor Paul Shevlin	**Registered Manager:** No registered manager at present
Person in Charge of the Home at the Time of Inspection: Gavin O'Hare-Connolly – acting manager	**Date Manager Registered:** Gavin O'Hare-Connolly, acting manager from 2 December 2015 – application for registered manager not submitted at the time of this inspection.

Categories of Care: NH-DE, NH-I, NH-PH, NH-PH(E), NH-TI Condition - A maximum of 67 patients in categories NH-I, NH-PH, NH-PH(E), NH-TI to be accommodated in the general nursing unit and a maximum of 19 patients in category NH-DE to be accommodated in the dementia unit. This home is also approved to provide care on a day basis to four persons in the general nursing unit and one person in the dementia unit.	**Number of Registered Places:** 86
Number of Patients Accommodated on Day of Inspection: 65 patients in general nursing unit 18 patients in dementia unit	**Weekly Tariff at Time of Inspection:** £628.00 - £672.00

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)**

RQIA were contacted by a relative, on 5 January 2016, who expressed concern regarding the care in the home. The issues were specific to the care their relative had received; therefore the caller was advised to contact the health and social care trust who commission care to raise their individual concerns.

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Following discussion with RQIA senior management, it was agreed that as an inspection was scheduled, the focus of the inspection would be extended to include staffing, management of complaints and communication between the home and families.

4. Methods/Process

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

- discussion with acting manager and deputy manager
- discussion with staff
- discussion with patients

- discussion with relatives
- review of records
- observation during a tour of the premises
- evaluation and feedback.

Prior to inspection the following records were analysed:

- notifiable events submitted to RQIA since the previous care inspection
- the registration status of the home
- written and verbal communication received by RQIA since the previous care inspection
- the previous care inspection report and the returned Quality Improvement Plan (QIP).

The inspector also met with 17 patients individually, two patients' relatives, four registered nurses, 10 care staff, one domestic assistant, the house keeper and the cook.

The following records were examined during the inspection:

- nine patients' care records
- policies and procedures regarding communication, death and dying, palliative and end of life care
- staff training records
- record of complaints and compliments
- staff rosters
- three week menu
- two staff recruitment files.

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 dated 16 January 2016. The report of the inspection had not been issued at the time of this inspection.

5.2 Review of Requirements and Recommendations from the Last Care (Same specialism) Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 **Ref**: Regulation 20 (3) **Stated:** First time	The registered person must ensure that any nurse who is given the responsibility of being in charge of the home for any period in the absence of the manager has been assessed as competent and capable to undertake this role.	**Not Met**

	Action taken as confirmed during the inspection: There was no evidence available that competency assessments had been completed by the previous manager. Registered nurses spoken with were not aware of any assessment having been undertaken. The acting manager explained that they were reviewing the competency assessment tool with view to introducing a new version. A copy of the new assessment was available in the home. This requirement is stated for a second time. RQIA acknowledged that the current management team had been unable to meet this requirement as they had only recently taken up post. The acting manager confirmed that they planned to have the assessments completed within a six week timescale.	
Requirement 2 **Ref**: Regulation 30 (1) (g) **Stated:** First time	The registered person must ensure RQIA are notified of all events within the home in keeping with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.	**Met**
	Action taken as confirmed during the inspection: A review of the notification of incidents submitted to RQIA prior to the inspection and a review of the completed accident and incident reports in the home evidenced that notifications were made in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. The acting manager and deputy manager were knowledgeable of what events were required to be notified to RQIA.	
Last Care Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref**: Standard 4 **Stated:** First time	It is recommended that the storage of repositioning charts is reviewed throughout the home to support entries being recorded at the time of care delivery.	**Met**
	Action taken as confirmed during the inspection: Repositioning charts were generally observed to be stored in patients' bedrooms and completed at the time of care delivery.	

Recommendation 2 **Ref**: Standard 13.6 **Stated:** Second time	It is recommended that further training is provided for all registered nurses in the regional procedure for the protection of vulnerable adults. The training must be reflective of their role and responsibility as the nurse in charge of the home. The acting manager must ensure that training is embedded into practice.	
	Action taken as confirmed during the inspection: Registered nurses spoken with were aware of who to contact in the event of a safeguarding issue and were knowledgeable regarding their role in reporting safeguarding issues. The acting manager confirmed that they had undertaken informal training with the registered nurses and informed them of the reporting processes and the action to take in keeping with the regional procedure for the protection of vulnerable adults. This recommendation has been met.	**Met**
Recommendation 3 **Ref**: Standard 19.1 **Stated:** Second time	Care plans should be further developed to include the following: • Individualised interventions to meet patients assessed need • the specific type of continence products that patients required.	
	Action taken as confirmed during the inspection: A review of care plans evidenced that, generally, care plan interventions were individual to meet the assessed needs of each person. Care records did contain details of the continence aids that patients required. This recommendation, as stated, has been met. However a new range of continence products has been introduced since the previous inspection. The management of continence is discussed in section 5.5.4 and further recommendations made.	**Met**

Recommendation 4 **Ref**: Standard 41 **Stated:** First time	It is recommended that the registered nurse identified to take charge of the home in the absence of the registered manager is clearly identified on the duty rotas throughout the home.	**Met**
	Action taken as confirmed during the inspection: The registered nurse identified to take charge of the home in the absence of the manager was clearly identified on the "Nurse in charge of the building rota" displayed at the front of the duty rotas in each unit. Registered nurses spoken with were aware of the role of nurse in charge of the home.	

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy was available on communicating effectively. The policy "End of Life Care" also included a section on communication and made reference to the DHSSPS "Breaking Bad News" document.

Training had not been provided on breaking bad news. However, discussion with the acting manager, deputy manager, registered nurses and care staff confirmed that staff were aware of the sensitivities around breaking bad news and the importance of accurate and effective communication. Staff spoken with were knowledgeable, experienced and confident in communicating with patients and their representatives.

Is Care Effective? (Quality of Management)

A review of seven care records evidenced that patients' individual needs and wishes in respect of aspects of daily living were appropriately recorded. However, there was limited evidence that end of life issues were discussed with the exception of 'Do Not Attempt Resuscitation' (DNAR) directives. This is discussed further in section 5.4.

Care records made reference to the patients' specific communication needs including sensory and cognitive impairment. There was evidence within the care records that patients and/or their representatives were informed of the care delivered to meet their assessed needs.

The registered nurses discussed how they would communicate sensitively with patients and relatives when breaking bad news and provided examples of how they had done this in the past. They explained that there were events which would trigger sensitive conversations with patients and/or their families, for example an increase in the number of admissions to hospital, and/or reoccurring symptom with a poor prognosis.

Care staff considered the breaking of bad news to be the responsibility of the registered nursing staff but felt confident that, should a patient choose to talk to them about the diagnosis or prognosis of illness, they would have the necessary skills to listen and respond appropriately..

Is Care Compassionate? (Quality of Care)

Patients were observed to be treated with dignity and respect by all grades of staff. There were a number of occasions observed when patients were assisted by nursing and care staff in a compassionate manner which ensured the patients' dignity was maintained. There was evidence of good relationships between patients and staff.

Patients spoken with all stated that they were happy with the quality of care delivered and with life in the home. Patients' comments are further discussed in section 5.5.1.

Patients and relatives consulted were complimentary of staff and the care provided. Good relationships were evident between staff and the patients and visitors. Relatives' comments are further discussed in section 5.5.3.

Compliment cards and letters were retained. Review of these indicated that relatives were appreciative of the care provided.

Areas for Improvement

There were no areas for improvement identified with this standard.

Number of Requirements:	**0**	**Number of Recommendations**:	**0**

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 on palliative care and care of the dying patient were available and referenced GAIN Guidelines for Palliative and End of Life Care in Nursing Homes and Residential Homes, December 2013. A copy of this best practice guidance was also available in the home.

Records evidenced that five registered nurses had attended training in palliative care awareness delivered by the local health and social care trust on dates in January, February and April 2015. This training included communication. Three dates for training on palliative and end of life care for care staff had been arranged for 27 January and 3 and 10 February 2016. The acting manager confirmed that staff had been identified to attend.

Discussion with the registered nurses and care staff evidenced that staff were knowledgeable in identifying when a patient's condition was deteriorating or nearing end of life and the appropriate actions to take.

The deputy manager confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services through the local health and social care trust.

Procedures for timely access to any specialist equipment or drugs were in place. Patients who required syringe drivers for medicine management were support by nursing staff from the local health and social care trust.

Is Care Effective? (Quality of Management)

A review of care records evidenced that death and dying arrangements were included as part of the nursing assessment completed for each patient. However, the care records reviewed did not contain specific details of the patients' assessed needs or wishes with regard to end of life care.

The registered nurses confirmed that, some discussion had taken place regarding the wishes of patients and relatives, however, there was a need to create further opportunities to discuss end of life care in greater detail; in particular in the event of a patient becoming suddenly unwell.

RQIA acknowledge there will be occasions when patients and/or their relatives do not wish to discuss end of life care. However, opportunities for discussion should be created by the registered nurses and any expressed wishes of patients and/or their representatives formulated into a care plan for end of life care. A recommendation is made.

Staff confirmed that facilities were made available for family members to spend extended periods with their loved ones during the final days of life. Meals, snacks and emotional support were been provided by the staff team.

A review of notifications of death to RQIA during the previous inspection year evidenced that these were reported appropriately.

Is Care Compassionate? (Quality of Care)

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs on a day to day and ongoing basis.

Review of care records evidenced that while the religious, spiritual or cultural needs of the patients reviewed had been recorded, there was no evidence of consideration of these areas in respect of end of life care. The recommendation made with regard to discussing end of life care includes identifying patients' religious/spiritual needs at end of life.

Staff discussed openly how they cared for patients when they were dying and how the home had been able to support the family members by providing refreshments and facilitating staying overnight with their loved ones. Arrangements were in place to facilitate family and friends to spend as much time as they wished with a patient who was seriously ill and/or dying.

From discussion with the acting manager, 17 staff and a review of the compliments record, there was evidence that there were sound arrangements in the home to support relatives during this time. Numerous compliments had been received by the home from relatives and friends of former patients. The following are some comments recorded in thank you cards received:

- 'Having shown all that love and support to us both, I have to say I was overwhelmed by the way you looked after mum in the last few weeks of her life. You made that time and also her passing peaceful and dignified…'
- 'I want to record a sincere thanks and appreciation for the care and kindness he was shown by all staff in the dementia unit. They do a fantastic job no matter what the demands and pressures they are confronted with.'
- 'I wish to thank you on behalf of the family of … for all the love you showed her, for all your hard work and dedication.'

Areas for Improvement

It is recommended that opportunities, to discuss end of life care, are created by the registered nurses. Any expressed wishes of patients and/or their representatives should be formulated into a care plan for end of life care. This should include any wishes with regard to the religious, spiritual or cultural need of patients'.

Number of Requirements:	**0**	**Number of Recommendations:**	**1**

5.5 Additional Areas Examined

5.5.1. Consultation with patients their representatives and staff

Discussion took place with 17 patients individually and with the majority of others in smaller groups. Comments from patients regarding the quality of care, staff response to nurse call bells and life in the home were positive. Patients did not raise any issues or concerns about care delivery in the home. One patient was very dissatisfied with the meals provided; meals are further discussed in section 5.5.3 and areas for improvement identified.

Two patients' representatives spoken with confirmed that they were happy with the standard of care and communication with staff in the home.

Ten relative questionnaires were issued; four were returned. Each of the relatives indicated that they were either satisfied of very satisfied that care was safe, effective and compassionate. Comments included:

- 'I am happy with the quality of care she is receiving. I have had some issues over certain things but was always able to get them sorted with staff and nurses.'
- 'As a visitor to Our Lady's Home over these last few years I have always found all staff and care given excellent.'
- 'Excellent at all times. Nursing care is always at a high standard.'
- 'I feel able to go to staff and they listen. However I feel that communication between staff is not good and you can end up asking same thing a number of times." This comment was shared with the acting manager who readily agreed to discuss further with staff.'

Staff commented positively with regard to the delivery of care. Staff were knowledgeable regarding their patient's needs, wishes and preferences. Staff discussed at length the recent changes to staffing, mealtimes and the new range of continence products. These areas are discussed in sections 5.5.2. 5.5.3 and 5.5.4. The issues raised by staff were discussed with the acting manager and deputy manager at the conclusion of the inspection.

Ten questionnaires were issued to nursing, care and ancillary staff. Five were returned prior to the issue of this report. Two respondents only completed one of the three pages and indicated that they were very satisfied that care was safe. Another respondent, who was not employed in a caring role, indicated that they were very unsatisfied with training in safeguarding, how to report poor practice and whistle blowing. These responses were shared with the acting manager following the inspection.

Three staff indicated that they were very satisfied that care was safe, effective and compassionate. Comments included:

- 'I am satisfied that everything possible is done for both the resident and the family…..'
- 'I have worked in Our Lady's for 20 years. I am very proud to be working here.'

5.5.2. Staffing

Staffing provision and deployment were recently reviewed and adjusted by the new acting manager. The inspector spoke at length with the acting manager and sought assurances regarding their systems to ensure that appropriate numbers of staff were on duty to meet the needs of patients in a timely manner.

The acting manager confirmed that dependency levels for all of the patients had been completed and would be reviewed regularly; and that the existing dependency of patients was taken into account when considering new admissions to each unit.

Staff spoken with provided examples of how the revised staffing levels were, at times, impacting negatively on patients. For example it was reported that one identified patient had been unable to attend morning mass as there had not been time to assist them to dress before breakfast. Staff in another unit reported that the revised staffing resulted in staff having to miss breaks to ensure that the patients' care was not delayed.

Observation and review of staff rosters evidenced that on both days of the inspection only one registered nurse was allocated between two units (D2 and D3) in the afternoon. Nursing staff confirmed that due to the geographical layout of the units managing the two units was difficult. The allocation of registered nurses in units D2 and D3 was discussed with the acting and deputy managers. The managers confirmed they were aware of the challenges and stated that a number of registered nurses had been recruited to allow for two nurses to be allocated to the units each day.

Prior to the conclusion of the inspection the deputy manager confirmed that two registered nurses were rostered for the next two weeks for these units. A review of the duty roster evidenced that registered nurses had been secured from an employment agency to provide cover until the permanent staff were in post.

Due to the revised staffing arrangements and issues raised by staff; monitoring systems should be put in place to ensure that there are sufficient staff on each shift to meet the needs of the patients and ensure that patients receive the care they require at the time they require it. A recommendation was made.

5.5.3. Mealtimes

The serving of lunch was observed in the dementia unit.

The following areas for improvement were identified:

- the tables were not set prior to the serving of lunch
- there were no condiments available to patients
- the meals for patients who had their lunch in their bedrooms were taken on trays; however the meals were not covered prior to leaving the dining room
- staff were observed to assist more than one patient at a time to eat their meal. Staff stated this was due to the high number of patients who required assistance
- the menu was not displayed for patients. Staff were not aware of what the menu was prior to the meals arriving in the unit.

The serving of lunch was also observed in unit D2. The dining room tables were set with cutlery, glasses, salt and pepper.

The following areas for improvement were identified:

- The menu was not displayed. There was a menu display board in the dining room however it was blank. This was discussed with staff who reported that the menu displayed in the unit kitchen was not the menu served; therefore they had stopped completing the board as they were misinforming patients
- Patients and staff spoken with prior to lunchtime did not know what was on the menu. Staff explained that when the meals arrived in the unit often patients would not want what was served and would request an alternative. These requests at short notice, in the middle of the meal service, caused additional workload and pressure for both kitchen and care staff.
- A number of patients chose to have their meals in their bedrooms; patients did not receive their meals on a tray with cutlery and condiments
- Discussion with staff and observations made evidenced that those patients who required a pureed meal received meat, potatoes and vegetables at lunch and teatime every day. Staff did confirm that the type of meat and vegetables varied daily.

Patients spoken with were generally satisfied with the meals served. A number of patients stated that recently they only received margarine and that butter had not been readily available for a number of weeks. Staff spoken with confirmed that generally it was margarine that was supplied from the kitchen.

One patient who required a specialist diet was very unsatisfied with the variety and quality of food. Management and staff were aware of the patient's dissatisfaction but had not reached a satisfactory outcome to date. Management confirmed that a review of the issues was ongoing with the patient.

It is recommended that mealtimes throughout the home are reviewed to ensure that they are a positive experience for patients.

It is further recommended that the menu is reviewed to ensure that those patients who require a specialised or pureed meal are provided with choice at each meal and a snack at morning and afternoon tea and supper time. There should be evidenced of patient involvement in the review of the menu.

5.5.4. Continence management

A new range of continence products had been introduced a number of weeks prior to the inspection. Discussion with staff evidenced that there was confusion amongst staff regarding the new products and how they compared with the previous range. Staff were concerned that patients were not being provided with the appropriate aids to meet their individual continence needs.

Discussion with the acting manager, deputy manager and registered nurses confirmed that patient assessments were being completed and that the continence nurse advisor of the company supplying the new products was providing ongoing support and training to ensure that patients were provided with the appropriate aids.

However individual patient assessments had not been completed prior to the introduction of the new products. It was recommended that individual assessments to identify the appropriate continence aids to meet patients' needs are completed. The acting manager should ensure that reassessment is ongoing to ensure that the continence products meet the needs of the patient.

5.5.5. Complaints management

The record of complaints maintained by the acting manager included the nature of the complaint, action taken and a copy of the response to the complainant.

We discussed the complaint brought to the attention of RQIA on 5 January 2016. This patient was resident in the home prior to the current acting manager's employment. There were no records of the complaint available however the financial director was knowledgeable regarding the complaint and confirmed that the Belfast Trust had progressed the concerns identified through the complaints process. RQIA received confirmation of this from the complainant following the inspection.

5.5.6. Staff recruitment

A review of two personnel files evidenced that the recruitment process and records maintained were in keeping with legislative requirements.

The acting manager and deputy manager were knowledgeable regarding recruitment requirements.

5.5.7. Management arrangements

During discussion the acting manager stated that the current management structure and role of responsible person and registered manager would be discussed at a meeting of Our Lady's management committee scheduled for the end of January 2016. It was agreed that the acting manager would contact RQIA with an update following this meeting.

The acting manager confirmed that arrangements were in place to ensure that the monthly unannounced visits, required in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005, were completed.

A report of the visit untaken on 21 December 2015 was reviewed.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Gavin O'Hare Connolly, acting manager and Nora Curran, 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 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 in this report do not absolve the registered provider/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 provider/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 20(3) **Stated:** Second time **To be Completed by:** 24 February 2016	The registered person must ensure that any nurse who is given the responsibility of being in charge of the home for any period in the absence of the manager has been assessed as competent and capable to undertake this role. Ref: Section 5.2
	Response by Registered Person(s) Detailing the Actions Taken: All Nursing staff are undertaking a complete range of training and development opportunities to enhance and develop competence within the care home. The Nurse-in-Charge competency assessment has been rolled out across the whole service. A poster is available within the main foyer identifying the nurse-in-charge at any given time.
Recommendations	
Recommendation 1 **Ref**: Standard 20 & 32 **Stated:** First time **To be Completed by:** 24 February 2016	It is recommended that further opportunities, to discuss end of life care, are created by the registered nurses. Any expressed wishes of patients and/or their representatives should be formulated into a care plan for end of life care. This should include any wishes with regard to the religious, spiritual or cultural need of patients'. Ref: Section 5.4
	Response by Registered Person(s) Detailing the Actions Taken: All staff have attended bespoke training relating to end of life care. This training has focused on empowering staff with the knowledge base to apporoach sensitive matters in a means which is seen as productive in enhancing this aspect of care provision. Care plans are being redeveloped to include a more person-centred approach with some excellent examples referenced by HSC Trust staff.
Recommendation 2 **Ref**: Standard 41.2 **Stated:** First time **To be Completed by:** 10 February 2016	It is recommended that systems are put in place to evidence that there are sufficient staff on each shift to meet the needs of the patients and ensure that patients receive the care they require at the time they require it. Ref: Section 5.5.2
	Response by Registered Person(s) Detailing the Actions Taken: Staffing levels are reviewed constantly. There are clear contingency plans in place. There is no agency use within the home which is enhancing continuity and accountability in respect of resident care.
Recommendation 3 **Ref**: Standard 12	It is recommended that mealtimes throughout the home are reviewed to ensure that they are a positive experience for patients.

Stated: First time **To be Completed by:** 24 February 2016	Ref: Section 5.5.3
	Response by Registered Person(s) Detailing the Actions Taken: A full review has taken place. The Catering Manager has led a full resident-focused review which has worked very well. There are printed menus signed by residents for every meal highlighting choice and personal preference. The mealtime experience is under review and a refurbsihment ongoing of all dining rooms.

Recommendation 4 **Ref**: Standard 12.1 **Stated:** First time **To be Completed by:** 9 March 2016	It is recommended that the menu is reviewed to ensure that those patients who require a specialised or pureed meal are provided with choice at each meal and snacks at morning, afternoon tea and supper time. There should be evidenced of patient involvement in the review of the menu. Ref: Section 5.5.3
	Response by Registered Person(s) Detailing the Actions Taken: A full review has taken place and the meals and mealtimes experience refocused within the service. This involves the consultation of all residents through the 2015 Catering Survey - held on file and informing a way forward.
Recommendation 5 **Ref**: Standard 4.8 **Stated:** First time **To be Completed by:** 10 February 2016	It is recommended that individual assessments to identify the appropriate continence aids to meet patients' needs are completed. Ref: Section 5.5.4
	Response by Registered Person(s) Detailing the Actions Taken: All residents have now had a complete incontinence assessment completed.
Recommendation 6 **Ref**: Standard 4.7 **Stated:** First time **To be Completed by:** 9 March 2016	The acting manager should ensure that reassessment is ongoing to ensure that the continence products meet the needs of the patient. Ref: Section 5.5.4
	Response by Registered Person(s) Detailing the Actions Taken: Reassessment has been completed in March 2016 and evidences a person-centred approach to incontinence care.

Registered Manager Completing QIP	Gavin O'Hare-Connolly	**Date Completed**	8/3/16

Registered Person Approving QIP	Paul Shevlin	**Date Approved**	9/3/16
RQIA Inspector Assessing Response	Sharon McKnight	**Date Approved**	22-03-16

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address