

Enforcement Monitoring Announced Inspection

Name of Establishment:	Our Lady's Home (General Nursing Unit)
Establishment ID No:	1277
Date of Inspection:	22 July 2014
Inspector's Name:	Sharon McKnight & Donna Rogan
Inspection ID	IN020182

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Home:	Our Lady's Nursing Home (General Unit)
Address:	68 Ardnava Road Falls Road Belfast BT12 6FF
Telephone Number:	(028) 9032 5731
E mail Address:	maureen.munster@ourladyshome.org
Registered Organisation/ Registered Provider:	Diocese of Down and Connor Ms Maureen Munster (Acting)
Registered Manager:	Mrs Charlene Parkin (Acting)
Person in Charge of the Home at the Time of Inspection:	Mrs Charlene Parkin
Categories of Care:	NH-I ,NH-PH ,NH-PH(E) ,NH-TI
Number of Registered Places:	67
Number of Patients Accommodated on Day of Inspection:	66
Scale of Charges (per week):	£572.00 - £597.00
Date and Type of Previous Inspection:	2 June 2014 10 20 – 14 30 hours
Date and Time of Inspection:	22 July 2014 09 30 – 15 45 hours
Name of Inspector:	Sharon McKnight Donna Rogan

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

1.2 METHODS/PROCESS

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

- discussion with the acting manager and operations manager
- discussion with staff
- review of recruitment records
- review of policies regarding recruitment
- evaluation and feedback.

1.3 Inspection Focus

The focus of this inspection was to assess the progress made by the home, in moving to compliance with the following two notices of failure to comply with regulations, of The Nursing Homes Regulations (Northern Ireland) 2005:

- FTC 1 – FTC/NH/ 1277/01/2013-14 Regulation 14(4)
- FTC 2 – FTC/NH/ 1277/02/2013-14 Regulation 21 (1) (a) (b) (c) and Regulation 21 (5) (a) (b) and (d)

The Failure to Comply notices were issued by RQIA on 17 June 2014. The initial timescale for compliance was 22 July 2014.

2.0 Profile of Service

Our Lady's Nursing home is a purpose built, two storey home situated on an elevated site in the Beechmount area in west Belfast. Many rooms within the home have panoramic views of the south, west and central Belfast. It is centrally located within the local community and is convenient to shops, public transport facilities and community services. There is ample car parking space at the front and to the side of the building.

The General Wing of Our Lady's Nursing home is managed within two suites, Beechwood and Elmwood. The two suites comprise of four units and can accommodate up to 67 patients in single rooms with en-suite toilets. There are a range of day rooms, dining rooms, bath / shower rooms and W/C's which are accessible to all communal and bedroom areas.

The home is owned and managed by the Diocese of Down and Connor and Ms Maureen Munster is the current acting responsible person. Ms Munster is currently on extended leave. Ms Charlene Parkin is the acting manager supported in her role by Mr Pat McAuley, operations manager.

The general unit of the home is registered to accommodate 67 patients within the categories of NH-I old age not falling within any other category, NH-PH physical disability under 65 and NH-PH(E) physical disability over 65 and NH-TI terminal illness.

3.0 Summary

This summary provides an overview of RQIA's assessment of the home's progress in moving to compliance with the two notices of failure to comply with regulations of The Nursing Homes Regulations (Northern Ireland) 2005, which were issued on 17 June 2014. The inspection was undertaken by inspectors, Sharon McKnight and Donna Rogan on 22 July 2014 from 09:30 hours to 15:45 hours.

Following the issue of the two failure to comply notice, a request was made by Mr Paul Shevlin, acting chairperson of Our Lady's Home management committee, to meet with RQIA. Mrs Jackie Callan, senior inspector and Ms Sharon McKnight, inspector, met with Mr Shevlin, acting chairperson of Our Lady's Home management committee, Ms Parkin, acting manager and Mr Pat McAuley, operations manager, on 2 July 2014 in the home. At this meeting, the actions required to be taken by the home to comply with the two notices were discussed at length. The inspectors clarified matters raised and emphasised the importance of the home providing robust evidence of all actions taken to comply with the regulations.

On the day of the inspection, the inspectors were welcomed into the home by Ms Charlene Parkin, and Mr Pat McAuley who were available throughout the inspection.

During the course of the inspection, the inspectors examined a selection of recruitment records and spoke with the acting manager, operations manager and administration staff within the home.

The inspectors concluded that for the first failure to comply with regulation notice, three of the seven actions required had been addressed, four were assessed as either moving towards compliance or not compliant at the time of inspection. Therefore, the inspectors were unable to confirm compliance with this notice.

With regards the second failure to comply with regulation notice, the inspectors concluded that two of the six actions required had been fully addressed, four were assessed as either moving towards compliance or not compliant at the time of inspection. Therefore, the inspectors were unable to confirm compliance with this notice.

Verbal feedback of the inspection outcomes and issues identified was given to Ms Parkin and Mr McAuley at the conclusion of the inspection. Mr Shevlin was informed of the outcome of the inspection via telephone on 23 July 2014 by Sharon McKnight. Refer also to inspector's comments under Post Inspection below.

Inspection findings

The inspectors reviewed each action required to be completed to comply with regulation, as detailed in both failure to comply with regulation notices, issued on 17 June 2014. The following records were examined:

- a list of all checks completed by ACCESS NI for Our Lady's Home
- staff rotas for the week of the inspection
- staff list of all staff currently employed in the home
- eleven staff recruitment files
- policies and procedure in regard to recruitment.

Details regarding the inspection findings for these areas are available under Section 4 in the main body of the report.

Post inspection

Ms Sharon McKnight, inspector, spoke with Mr Shevlin, on 23 July 2014 and informed him of the outcome of the inspection. The inspector expressed concern regarding the governance arrangements and oversight by the management committee of the progress being made in regard to the actions required to comply with the two failure to comply with regulations notices. Mr Shevlin gave assurances that he would share RQIA's concerns with the management committee and ensure that additional support was provided to management in the home. Mr Shevlin was informed that due to RQIA concerns, a requirement has been made that the completed reports of the regulation 29 visits must be forwarded to RQIA until further notice.

Conclusion

The outcome of the inspection was discussed with the Acting Director of Regulation and Nursing on 23 July 2014. The failure to comply with regulation notices expired on 22 July 2014, and this inspection found that some progress had been made to comply with regulations set out in the notices. In line with RQIA's enforcement policy and procedure, RQIA decided to extend the compliance date for the above failure to comply notices to 14 September 2014, to allow for the breaches of regulation and actions required to be fully addressed.

As a result of the previous inspections conducted on 5 and 10 December 2013 and 2 June 2014, eight requirements and six recommendations were issued. Three of the requirements were subsumed into two failure to comply with regulation notices. Due to the focus of this inspection, the previous requirements and recommendations were not reviewed but have been carried forward for review at a future inspection.

Given the concerns identified by RQIA with regard to the lack of governance arrangements in the home and support of management during this period of enforcement action, a further requirement has been stated following this inspection, that the completed reports of the regulation 29 visits must be forwarded to RQIA until further notice. One recommendation has been made following this inspection in regard to the dating and signing of policies.

RQIA will undertake a further inspection to assess the home's compliance with the two Notices of Failure to Comply with Regulations.

The inspectors would like to thank Ms Parkin, Mr McAuley and administration staff for their assistance, co-operation and hospitality throughout the inspection process.

4.0 Inspection Findings

4.1 Failure To Comply Notice 1 – FTC/NH/1277/01/2013-14 Regulation 14(4) of The Nursing Homes Regulations (Northern Ireland) 2005

(4) The registered person shall make arrangements, by training staff or by other measures, to prevent patients being harmed or suffering abuse or being placed at risk of harm or abuse.

Findings:

The inspectors reviewed each of the seven actions required to be completed to comply with regulation as detailed in the failure to comply with regulation notice. The following are the inspectors' findings:

- **The acting responsible individual must ensure that the use of the form entitled "Access NI Disclaimer" must cease immediately.**

Assurances were given to RQIA by the acting manager and two representatives of Our Lady's Home management committee, during a formal meeting with RQIA on 16 June 2014, that this form had been removed from use with immediate effect following the inspection on 2 June 2014.

During this inspection, the acting manager and operations manager, gave further assurance that no disclaimer forms were in use and that prospective employees were not permitted to commence employment in the home prior to the receipt of a satisfactory ACCESS NI check.

- **the acting responsible individual must ensure that staff are recruited and employed in accordance with statutory legislation and mandatory requirements. A satisfactory Access NI enhanced disclosure certificate must be received for all staff prior to commencement of employment**
- **the acting responsible individual must confirm to RQIA that all staff currently employed, after 1 April 2008, in Our Lady's Home have had an Access NI enhanced and barred list certificate issued as part of the home's recruitment process**

A record of ACCESS NI checks, requested and completed as part of Ours Lady's Home recruitment processes, had been provided to the home by ACCESS NI. The inspectors reviewed the ACCESS NI list, staffing rotas for the week of the inspection and the staffing list of all staff employed in the home.

The inspectors identified one member of staff who had an ACCESS NI certificate number recorded; however, this person was not included on the list from ACCESS NI. The inspectors asked that the acting manager seek confirmation from ACCESS NI that this certificate number was generated as part of Our Lady's Home recruitment process. The acting manager confirmed to RQIA on 23 July 2014, that this certificate number was not part of Our Lady's recruitment process.

The inspectors identified one member of staff who was on the duty rota for the week of the inspection but not on the list from ACCESS NI. The inspectors were informed that this member of staff was employed prior to April 2008. However, on further investigation, it was confirmed that the staff member had left Our Lady's Home employment and was reemployed by the home in 2012. There was no evidence to support that an ACCESS NI check was completed in 2012.

In the absence of the appropriate checks, these staff were relieved of their duties and confirmation given to RQIA by the acting manager during the inspection, that they would not return to their current duties until an ACCESS NI certificate was received.

- **the acting responsible individual must ensure that a record of the date of receipt of Access NI certificates into the home is maintained**

The date of the receipt of ACCESS NI checks received by the home since the previous inspection was available in the home.

- **the acting responsible individual must implement monitoring systems to ensure that the recruitment process within the home is compliant with statutory legislation and mandatory requirements**

The inspectors reviewed the procedure drawn up by the acting manager to ensure that the recruitment process within the home is compliant with statutory legislation and mandatory requirements. The procedure included the review of recruitment records by the acting manager and monitoring of adherence to regulations as part of the regulation 29 visits.

- **the acting responsible individual must ensure that all staff involved in the recruitment process receive training in selection and recruitment**
- **the acting responsible individual must ensure that selection and recruitment training is embedded into practice and individuals' competency assessed. Records must be retained to evidence this assessment.**

Discussion with the acting manager and operations manager, evidenced that training in selection and recruitment had not taken place since the previous inspection on 2 June 2014. A review of e mails records evidenced requests for training by the acting manager and operations manager to the management committee of Our Lady's Home. On the day on inspection, there were no dates arranged for all staff involved in the recruitment process to receive training in selection and recruitment.

The inspectors concluded that three of the seven actions required had been addressed, four were assessed as either moving towards compliance or not compliant at the time of inspection. Therefore the inspectors were unable to confirm compliance with this notice.

4.2 Failure To Comply Notice 2 – FTC/NH/ 1277/02/2013-14, Regulation 21 (1) (a) (b) (c) and Regulation 21 (5) (a) (b) and (d) of The Nursing Homes Regulations (Northern Ireland) 2005.

- (1) The registered person shall not employ a person to work at the nursing home unless –**
 - (a) the person is fit to work at the nursing home;**
 - (b) subject to paragraph (5), he has obtained in respect of that person the information and documents specified in paragraphs 1 to 7 of Schedule 2;**
 - (c) he is satisfied on reasonable grounds as to the authenticity of the references referred in paragraph, 3 of Schedule 2 in respect of that person**

- (5) For the purposes of paragraphs (1) and (4), a person is not fit to work at a nursing home unless –**
 - (a) he is of good integrity and character;**
 - (b) he has qualifications or training suitable to the work that he has to perform, and the skills and experience necessary for such work;**
 - (c) he is physically and mentally fit for the purpose of the work he is to perform at the nursing home;**
 - (d) full and satisfactory information is available in respect of the following matters –**
 - (i) each of the matters specified in paragraphs 1 to 7 of Schedule 2;**

Findings

The inspectors reviewed each of the six actions required to be completed to comply with regulations as detailed in the failure to comply with regulation notice. The following are the inspectors' findings:

- **the acting responsible individual shall, ensure that at all times staff are recruited and employed in accordance with statutory legislation and mandatory requirements**
- **the acting responsible individual must ensure that for all staff, recruited since 2005 and currently employed in Our Lady's Home, they have obtained in respect of each person the information and documents specified in Regulation 21(1)(b) Schedule 2 , The Nursing Homes Regulation (Northern Ireland) 2005**

The inspectors reviewed the selection and recruitment records of eleven staff, of various grades, currently employed in the home. Five of these files had been reviewed during the previous inspection. The inspectors noted that their content was unchanged from the previous inspection and remained non-compliant. A further six files reviewed were also non-compliant with legislation and best practice guidelines.

The inspectors were concerned that no progress was evident in bringing the recruitment files into compliance with regulation. These concerns were discussed at length with the acting manager and operations manager who informed the inspector of the actions taken to date. The operations manager explained that following the previous inspection on 2 June 2014, he had created a spread sheet to record the documents missing. An audit of each individual file had been completed and the spread sheet populated with the omissions in documents. The operations manager explained that when all of the required documents had been received, the recruitment files would be updated. The inspectors observed numerous photographs and photocopies of passports and driving licences in the administration office which confirmed to the inspectors that the process to obtain the required documents had commenced.

- **the acting responsible individual must ensure that there is a robust policy and procedure in place which details the recruitment process. The policy and procedure must comply with legislative and DHSSPS guidance**

The inspectors reviewed the policy for employing staff within the home. The policy had been updated to reference the requirement that successful candidates would be required to have an enhanced disclosure with barred list check completed. The acting manager confirmed that this policy had been reviewed and updated; however, there was no date of issue or review included on the policy. It is recommended that policies and procedures are dated and signed by the author when issued, reviewed or revised.

- **the acting responsible individual must ensure that records are kept of all the documentation relating to the recruitment process in the home. Details of the ACCESS NI or other relevant checks should be handled in keeping with DHSSPS guidelines.**

As previously discussed, the acting manager and operations manager have completed an audit of the recruitment files for all staff currently employed and are requesting records to ensure all of the documentation relating to the recruitment process are available in the home.

- **the acting responsible individual must implement monitoring systems to ensure that the recruitment process within the home is compliant with statutory legislation and mandatory requirements**

The inspectors reviewed the procedure drawn up by the acting manager to ensure that the recruitment process within the home is compliant with statutory legislation and mandatory requirements. The procedure included the review of recruitment records by the acting manager and monitoring of adherence to regulation as part of the regulation 29 visits.

- **the acting responsible individual must ensure that all staff involved in the recruitment process receive training in selection and recruitment**
- **the acting responsible individual must ensure that selection and recruitment training is embedded into practice and individual competencies assessed. Records must be maintained of this assessment.**

During the inspection process, the acting manager and operations manager evidenced that training in selection and recruitment had not taken place following the previous inspection. A review of e mails records evidenced requests for training by the acting manager and operations manager to the management committee of Our Lady's Home. On the day on inspection, there were no dates arranged for all staff involved in the recruitment process to receive training in selection and recruitment.

The inspectors concluded that two of the six actions required had been fully addressed, four were assessed as either moving towards compliance or not compliant at the time of inspection. Therefore the inspectors were unable to confirm compliance with this notice.

4.3 Governance and Management Arrangements

The inspectors discussed the current management arrangements in the home with the acting manager and operations manager. Discussion with the acting manager confirmed that the regulation 29 visits were undertaken by various members of Our Lady's management committee. The most recent visit was undertaken on 18 June 2014.

As previously discussed, the inspectors observed correspondence from both the acting manager and operations manager in regard to arranging training for all staff involved in the recruitment process. On the day of inspection, the inspectors were unable to evidence any progress with this action.

The inspectors were concerned regarding the lack of governance arrangements and oversight, by the management committee, of the progress being made with the actions required to comply with regulations. Ms Sharon McKnight, inspector spoke with Mr Shevlin, on 23 July 2014 and informed him of the outcome of the inspection and the concerns identified during the inspection. Mr Shevlin gave assurances that he would share RQIA's concerns with the management committee and ensure that additional support was provided to management in the home. Mr Shevlin was informed that due to RQIA concerns, a requirement has been made that the completed reports of the regulation 29 visits must be forwarded to RQIA until further notice.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Parkin, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Sharon McKnight
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Enforcement Monitoring Announced Inspection

**Our Lady's Home
General Nursing Unit (1277)**

22 July 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with acting manager Charlene Parkin, either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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 (NI) 2005

No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	16(1)	<p>Carried forward for review at a future inspection.</p> <p>It is required that a care plan must be in place for all assessed needs.</p> <p>Ref Section 4</p>	One	On admission, using information received beforehand, the admitting nurse completes initial care plans with the patients and or their representative in order to meet immediate care needs. Within two weeks a named nurse completes further informed care plans. All plans are reviewed and updated monthly or as needs change as necessary.	From the date of inspection
2	19(1)(a), schedule 3, 2(k)	<p>Carried forward for review at a future inspection.</p> <p>The registered person shall maintain contemporaneous notes of all nursing provided to the patient.</p> <p>Repositioning charts must be accurately maintained to evidence care delivered.</p> <p>Repositioning charts must also contain documented evidence that a skin inspection of pressure areas has been undertaken at the time of each repositioning.</p>	One	Nursing records are kept electronically for all interventions procedures and nursing needs in accordance with NMC guidelines. Each individual, who requires repositioning is provided a repositioning booklet. Staff record all aspects of any interventions relation to repositioning which includes written evidence that a skin inspection has taken place. Booklets are currently being piloted in two of the general	From the date inspection.

		Ref Section 4		nursing units with a view to rolling throughout the home in September 2014.	
3	12(1)(b)	<p>Carried forward for review at a future inspection.</p> <p>The acting registered person must ensure that the policy for selection and recruitment is reviewed, and updated as required, to ensure it complies with legislative requirements and DHSSPS guidance.</p> <p>Ref Section 5, criterion 24.1</p>	One	A new policy for selection and recruitment has been drawn up at home level and is currently out for review at Management Committee level. It reflects legislative requirements and guidance from DHPSS and RQIA.	From the date of inspection.
4	21(1)(a)(b)&(c).	<p>Carried forward for review at a future inspection.</p> <p>The acting registered person must ensure that all of the information required and documents specified in regard to the selection and recruitment of staff are obtained prior to the commencement of employment.</p> <p>Ref Section 5, criterion 24.2</p>	One	All applications from potential employees are placed on an "in process" file which is a different colour to the completed employee personel files. A checklist performa is attached to the front and once completed by the HR Administrator the file will be checked and signed off by the Acting Registered Manager. Only then will an employee be inducted and all documents placed with the "live" personel files.	This requirement is subsumed into a Failure to Comply Notice issued on 17 June 2014.

5	21(5)(a)(b)(c) & (d)(i)	<p>Carried forward for review at a future inspection.</p> <p>The acting registered person must ensure, through robust selection and recruitment procedures that all person employed are fit to work in a nursing home.</p> <p>Ref Section 5: criterion 24.</p>	One	All staff employed at Our Ladys Home will have completed a Medical questionnaire which forms an integral part of the recruitment process.	This requirement is subsumed into a Failure to Comply Notice issued on 17 June 2014
6	14(4)	<p>Carried forward for review at a future inspection.</p> <p>The acting register person must ensure that:</p> <ul style="list-style-type: none"> • staff are recruited and employed in accordance with statutory legislation and mandatory requirements. A satisfactory Access NI enhanced disclosure certificate must be received for all staff prior to commencement of employment • a record of the date of receipt of Access NI certificates into the home must be maintained <p>Ref Section 5: criterion 24.4</p>	One	<p>No member of staff shall commence employment at Our Ladys Home until a satisfactory Access NI Enhanced Disclosure Certificate has been received.</p> <p>Date of receipt along with the Access NI Disclosure number will be recorded on individual personel files.</p>	This requirement is subsumed into a Failure to Comply Notice issued on 17 June 2014

7	17(1)	<p>Carried forward for review at a future inspection.</p> <p>The acting registered person must ensure that systems are introduced to ensure that the recruitment process within the home is compliant with statutory legislation and mandatory requirements.</p> <p>Ref Section 5: Criteria 24.4</p>	One	The Acting Registered Manager will sign off a checklist of all documentation required to ensure compliance with legislation prior to any job offer being made.	From the date of inspection.
8	20(1)(c)(i)	<p>Carried forward for review at a future inspection.</p> <p>The acting registered person must ensure that :</p> <ul style="list-style-type: none"> • all staff involved in the recruitment process receive training in selection and recruitment • selection and recruitment training is embedded into practice and individual competencies assessed. Records must be maintained of this assessment. <p>Ref Section 5: Criteria 24.4</p>	One	<p>Training for all staff involved in the recruitment and selection process has been arranged.</p> <p>Three monthly and annual audits of the recruitment and selection process will be assessed by the Management Committee and an independent Recruitment Consultant respectively.</p>	From the date of inspection.
9	29(5)(a)	<p>A copy of the report of the unannounced monthly visit must be forwarded to RQIA until further notice.</p> <p>Ref section 4, 4.3</p>	One	Once completed, all unannounced monthly provider visit documentation is now forwarded to RQIA. This was commenced July 2014	From the date of inspection

Recommendations

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	3.4	<p>Carried forward for review at a future inspection.</p> <p>It is recommended that any documents from the referring Trust are dated and signed when received into the home.</p> <p>Ref Section 4</p>	Two	<p>The home has now employed a receptionist, who is responsible for sorting, dating and signing for the receipt of all mail.</p> <p>All qualified staff have been advised through meetings and informal discussion that all documents hand delivered to them require signing and dating on receipt.</p>	From the date of inspection.
2	25.12	<p>Carried forward for review at a future inspection.</p> <p>It is recommended that the action plan from the previous visit should be reviewed at the next visit and all areas commented on.</p> <p>Ref section 4</p>	One	<p>Previous inspection paperwork is now viewed prior to the commencement of the forthcoming provider visits/inspections.</p> <p>Records are now held centrally for ease of use.</p>	From the date of inspection.

3	13.6	<p>Carried forward for review at a future inspection.</p> <p>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.</p> <p>The acting manager must ensure that training is embedded into practice.</p> <p>Ref section 4</p>	One	<p>All staff, including all registered nurses are currently updating mandatory training which included Protection of Vulnerable Adults.</p> <p>The Acting Nurse Manager has contacted the Safeguarding Team at the referring trust who have informed her a qualified Nurse will be joining their team in October 2014 and will be able and willing to provide more nurse specific training within the home.</p>	From the date of inspection.
4	10.7	<p>Carried forward for review at a future inspection.</p> <p>It is recommended that:</p> <ul style="list-style-type: none"> the need for an alarm mat is fully assessed and that care plans are developed the use of restraint is discussed with the patient, where appropriate, and if the patient is unable to give their consent then consultation with relatives and healthcare professionals, if required, in regard to best interest decisions for the patient, should be undertaken and records maintained of the outcome of these discussions. <p>Ref section 4</p>	One	<p>Use of alarm mats is assessed in conjunction with falls risk assessments.</p> <p>Care plans are updated at the time of assessment and on completion of the consent form in relation to the use of restraint, all discussions are added to the electronic care records in addition to any paper records held.</p>	From the date of inspection.

5	5.1	<p>Carried forward for review at a future inspection.</p> <p>It is recommended that all patients have a baseline pain assessment completed and an ongoing pain assessment where indicated.</p> <p>Ref section 4</p>	One	<p>Baseline pain assessments have been completed for all current residents and this now forms part of the admission process.</p> <p>Where indicated, pain assessments are evaluated monthly or more often as needs change by a qualified nurse.</p>	From the date of inspection.
6	25.1	<p>Carried forward for review at a future inspection.</p> <p>Given the new management structure it is recommended that the acting responsible individual review the roles of management and provide guidance to staff on each managers areas of responsibilities.</p> <p>Ref section 4</p>	One	<p>The organisational structure is now displayed on all nursing units and in communal areas. Individual managers areas of responsibility have been and continue to be discussed at staff meetings and informal discussions.</p> <p>In addition, the profiles of the most senior managers have also been displayed throughout the home which includes how they can be contacted.</p>	From the date of inspection.
7	26.5	<p>It is recommended that policies and procedures are dated when issued, reviewed or revised.</p> <p>Ref Section 4: 4.1</p>	One	<p>All policies are dated and signed when issued, reviewed or revised.</p>	From the date of inspection.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and return to nursing.team@rqia.org.uk

Name of Registered Manager Completing Qip	Mrs Charlene Parkin
Name of Responsible Person / Identified Responsible Person Approving Qip	Mr Paul Shevlin

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Linda Thompson	14/08/14
Further information requested from provider			