



The Regulation and  
Quality Improvement  
Authority

Redburn Clinic  
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89 Belfast Road  
Ballynahinch  
BT24 8EB

Inspector: Donna Rogan  
Inspection ID: IN022085

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**Unannounced Care Inspection  
of  
Redburn Clinic**

**29 July 2015**

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

## 1. Summary of Inspection

An unannounced care inspection took place on 29 July 2015 from 10.30 to 17.00.

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.

### 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 8 January 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
<b>Total number of requirements and recommendations made at this inspection</b>	4	1

The details of the Quality Improvement Plan (QIP) within this report were discussed with the Michael Bagood, registered manager and Linda Kelly, operations support person, 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> Chris Arnold	<b>Registered Manager:</b> Michael Bagood
<b>Person in Charge of the Home at the Time of Inspection:</b> Michael Bagood	<b>Date Manager Registered:</b> 11 March 2015
<b>Categories of Care:</b> RC-I, RC-PH, NH-I, NH-PH, NH-PH(E), NH-TI	<b>Number of Registered Places:</b> 27
<b>Number of Patients Accommodated on Day of Inspection:</b> 20	<b>Weekly Tariff at Time of Inspection:</b> £470 - £593

## 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:

Prior to inspection the following records were examined:

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

During the inspection, observation of care delivery/care practices and a review of the general environment were undertaken. We met with 14 patients, 6 staff and 1 registered nurse and 2 visiting relatives. There were no visiting professionals available during the inspection.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP;
- the staff duty rota;
- three patient care records;
- accident/notifiable events records;
- complaints records;
- staff training records;
- staff induction records; and
- policies for communication, death and dying and palliative and end of life care.

## 5. The Inspection

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

The previous inspection of the home was an unannounced pharmacy inspection dated 6 July 2015. The completed QIP is to be returned by 5 August 2015 to be approved by the pharmacist inspector.

### 5.2 Review of Requirements and Recommendations from the last care inspection 08 January 2015

Last Care Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> <b>Ref: Regulation 27 (2) (b)</b> <b>Stated: First time</b>	The responsible person shall forward RQIA an update refurbishment programme to address the environmental issues raised during the inspection. This should include timescales to address the issues within 3 months of the inspection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector can confirm that RQIA have received the refurbishment plan, this included set timescales to address the environmental issues raised during the previous inspection.	

Last Care Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 2</b></p> <p><b>Ref: Regulation 13 (7)</b></p> <p><b>Stated: First time</b></p>	<p>The acting manager should ensure they receive up to date training in the management of infection control prevention within 28 days.</p> <p>The acting manager should make urgent arrangements to have an infection control audit carried out by a competent person.</p> <p>The infection control audit report should be forwarded to RQIA when completed. Any actions to be taken should be included in the refurbishment plan as stated in requirement 1.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The registered manager received up to date training in infection control on 23 January 2015.</p> <p>An internal infection control audit was conducted on 19 January 2015. An external infection control audit was conducted on 23 January 2015.</p> <p>The inspector can confirm that the infection control audit was forwarded to RQIA when it was completed.</p>	<b>Met</b>
<p><b>Requirement 3</b></p> <p><b>Ref: Regulation 24 (4) (c)</b></p> <p><b>Stated: Second time</b></p>	<p>The responsible individual must ensure that a written report is available for inspection in respect of all monthly visits undertaken at all times.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The Regulation 29 monitoring visits are undertaken monthly and were available for inspection. However a recommendation is made to ensure the monitoring visits are conducted in an organised way and on one particular date.</p>	<b>Met</b>

Last Care Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 4</b></p> <p><b>Ref: Regulation 15 (2) (a) (b)</b></p> <p><b>Stated: First time</b></p>	<p>The acting manager must ensure that assessments are reviewed and updated when patients' needs change and are reviewed at least annually.</p> <p>Effective pain assessments must be completed for patients/residents receiving analgesic medication, and assessments continuously reviewed to reflect if prescribed treatment is effective.</p> <p>Continence assessment must reflect the product type with evidence that products in use meets patients' individual needs.</p> <p>Carried forward from previous inspection.</p> <p><b>Action taken as confirmed during the inspection:</b>            Since the previous inspection audits are being completed regarding care records. A review of three care records evidenced that assessments were reviewed.</p> <p>There were pain assessments in place for those patients in receipt of analgesic medication.</p> <p>Continence assessments were in place and appropriately completed.</p>	<b>Met</b>
<p><b>Requirement 5</b></p> <p><b>Ref: Regulation 19 (1) (a), Schedule 3 (k)</b></p> <p><b>Stated: First time</b></p>	<p>The acting responsible individual and acting manager must ensure that nursing staff consistently record a contemporaneous note of all nursing provided to each patient, including a record of their condition.</p> <p>Carried forward from previous inspection.</p> <p><b>Action taken as confirmed during the inspection:</b>            The three records reviewed evidenced that there was a contemporaneous record maintained of nursing provided to each of the patients.</p>	<b>Met</b>

Last Care Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 6</b></p> <p><b>Ref: Regulation 27 (2) (c)</b></p> <p><b>Stated: First time</b></p>	<p>Ensure the equipment provided in at the nursing home for use for patients or persons who work at the home is in good working order, properly maintained in accordance with the manufacturers guidance, and suitable for the purpose for which it is to be used.</p> <p><b>Action taken as confirmed during the inspection:</b> There are regular checks in place regarding the provision of equipment. These checks include checks to ensure that all equipment is in good working order and that they are suitable for the purpose for which it is to be used. The registered manager informed the inspector that the supplier is contacted in the first instance.</p>	<b>Met</b>
<p><b>Requirement 7</b></p> <p><b>Ref: Regulation 27</b></p> <p><b>Stated: First time</b></p>	<p>The responsible person shall ensure that all the issues listed in section 11.7 of this report in relation to the environment are addressed. Progress of the actions taken should be forwarded to RQIA upon completion.</p> <p><b>Action taken as confirmed during the inspection:</b> A detailed action plan was forwarded to RQIA following the inspection of the timescales when the environmental issues in relation to the environment will be addressed. A review of the action plan and a review of the environment evidenced that the proposed action plan was being adhered to.</p>	<b>Met</b>
<p><b>Requirement 8</b></p> <p><b>Ref: Regulation 13 (7)</b></p> <p><b>Stated: First time</b></p>	<p>The responsible person shall ensure that all the issues listed in section 11.8 of this report in relation to infection control and management are addressed. Progress of the actions taken should be forwarded to RQIA upon completion.</p> <p><b>Action taken as confirmed during the inspection:</b> There is evidence of regular auditing of infection control practices. Records are maintained. Progress of the actions taken was forwarded to RQIA. During the inspection the issues listed in section 11.8 of the previous inspection have been addressed.</p>	<b>Met</b>

Last Care Inspection Recommendations		Validation of Compliance
<p><b>Recommendation 1</b></p> <p><b>Ref: Standard 25.12</b></p> <p><b>Stated: Second time</b></p>	<p>The acting responsible person should develop the regulation 29 report format to ensure the following is consistently recorded.</p> <ul style="list-style-type: none"> <li>• there is detailed and comprehensive information in relation to follow actions; and</li> <li>• the report evidences continuous improvement and the follow up action taken when deficits are not appropriately addressed.</li> </ul> <p>Carried forward from previous inspection.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>  A review of Regulation 29 monitoring reports detailed evidence of the information in relation to follow up actions and the action taken should they not be appropriately addressed. However the reports evidenced that they were conducted over several dates. It was therefore difficult to ascertain the actual date of the findings.</p> <p>A recommendation is made to ensure the monitoring visits are conducted in an organised way and on one particular date.</p>	<b>Met</b>
<p><b>Recommendation 2</b></p> <p><b>Ref: Standard 10.7</b></p> <p><b>Stated: First time</b></p>	<p>The acting responsible individual should ensure that the restraint policy is revised and updated to reflect human rights legislation and Deprivation of Liberty Safeguards (DOLS).</p> <p>In addition care records should also reflect human rights legislation and staff should receive training on what is expected.</p> <p>Carried forward from previous inspection</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>  Since the previous inspection a new policy regarding restraint has been introduced. A review of the policy evidenced that the new policy reflected human rights legislation and the Deprivation of Liberty Safeguards (DOLS)</p> <p>Care records reviewed were reflective of the human rights legislation.</p>	<b>Met</b>



Last Care Inspection Recommendations		Validation of Compliance
<p><b>Recommendation 3</b></p> <p><b>Ref: Standard 5.3</b></p> <p><b>Stated: First time</b></p>	<p>The acting manager should ensure the following:</p> <ul style="list-style-type: none"> <li>• roles and responsibilities of named nurses are outlined in the Patients'/Residents' Guide;</li> <li>• body mapping charts are consistently completed on admission;</li> <li>• moving and handling assessments include the type of hoist and sling required by individual patients; and</li> <li>• information should be provided to patients and their carers on skin care pressure ulcer prevention.</li> </ul> <p>Carried forward from previous inspection</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The patients guide has been updated and includes details of the roles and responsibilities of the named nurse.</p> <p>A review of three care records evidenced that body mapping was completed on admission.</p> <p>Moving and handling assessments included they type of hoist and sling required by individual patients as appropriate.</p> <p>There was evidence in the care records when staff communicated with patients and carers on skin/pressure ulcer care.</p> <p>However one patient's relative spoken with and returned comments in a questionnaire expressed dissatisfaction with skin/pressure ulcer care provided. They stated they were not kept informed and felt they were not tended to in a timely way. This issue was brought to the attention of the registered manager during the inspection. A requirement is made that this issue is addressed with the family and recorded in the complaints record in keeping with policies and procedures.</p>	<p><b>Met</b></p>

## 5.2 Standard 19 - Communicating Effectively

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

A policy and procedure was available on communicating effectively which reflected current best practice, including regional guidelines on Breaking Bad News. Discussion with staff confirmed that they were knowledgeable regarding this policy and procedure.

A sampling of training records evidenced that 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.

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

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

A review of one care record evidenced that the wishes and feelings was discussed with patients and/or their representatives, options and treatment plans were also discussed, where appropriate.

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

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.

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.

The inspector consulted with two visiting relatives. Relatives confirmed that staff treated patients with respect and dignity and were always welcoming to visitors. However one patient's relative spoken with and returned comments in a questionnaire expressed dissatisfaction with skin/pressure ulcer care provided. They stated they were not kept informed and felt the skin care was not tended to in a timely way. This issue was brought to the attention of the registered manager during the inspection. A requirement is made that this issue be addressed with the family, that they are kept informed and that this issues is recorded in the complaints record in keeping with policies and procedures.

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 Redburn Clinic.

### Areas for Improvement

One issue was raised by a relative as detailed above. A requirement is made that the issue is addressed with the family and recorded and actioned as part of the complaints policies and procedures and that families are kept informed of their relatives condition particularly if it deteriorates.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.3 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

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

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home. These documents reflected 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. Registered nursing staff and care staff were aware of and able to demonstrate knowledge of the Gain Palliative Care Guidelines, November 2013.

A review of training records evidenced that 5 staff had completed training in respect of palliative/end of life care on 15 April 2015.

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

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

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

There was no specialist equipment, for example syringe drivers in use in the home at the time of inspection. However training records reviewed evidenced that two registered nurses have received training in palliative pain and symptom management on 25 February 2015.

A palliative care link nurse had previously been identified and had received training. This member of staff has since left employment and the registered manager has made plans to attend the relative training and will be the palliative care link nurse in the home.

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

A review of three care records evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis. This included the management of hydration, nutrition and symptom management. There was evidence that the patient's wishes and their social, cultural and religious preferences were also considered. Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements.

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

Discussion with the registered manager, four staff and a review of one care record 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 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 three care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and 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 registered manager, staff, relatives 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 registered 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 or staff meetings, if appropriate.

### Areas for Improvement

There were no requirements or recommendations made regarding this theme.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.4 Additional Areas Examined

### 5.4.1 Questionnaires

As part of the inspection process we issued questionnaires to staff and patients and their representatives.

<b>Questionnaire's issued to</b>	<b>Number issued</b>	<b>Number returned</b>
Staff	10	9
Patients	10	4
Patients representatives	3	3

All comments on the returned questionnaires were in general positive.

#### Patients' views

There were 4 questionnaires completed by patients, comments received are detailed below:

- "Very satisfied that my relatives are made welcome by staff."
- "Very satisfied that staff treat me with dignity and respect."
- "I have no complaints."
- "I feel I can talk to staff if there is something wrong."

#### Patients' representatives' views

There were two relatives visiting at the time of the inspection. Comments made were in general very positive regarding care and communication in the home. However as previously stated in section 5.2 one relative spoken with expressed concerns regarding communication and felt that when they raised concerns that they were not effectively dealt with. A requirement is made in this regard.

There were 3 questionnaires completed by patients representatives, comments received are detailed below:

- “Dad has always been extremely content and very well looked after.”
- “Very satisfied with everything in Redburn.”
- “Very satisfied that nursing staff listen to me and are knowledgeable about meeting the needs of my relative.”

### **Staff views**

Staff spoken during the inspection expressed high level of satisfaction with care and services provided in the home. All were complimentary of the management in the home and felt communication and palliative/care of the dying was a theme which they were well trained in and were confident that they delivered well.

There were 9 questionnaires completed by staff, comments received are detailed below:

- “Satisfied regarding the management of distressing symptoms at the end of life.”
- “I am aware of the policy and procedure on palliative care and death and dying.”
- “I have worked in the home for a long time and I enjoy it as it is like home from home and I have no complaints at all.”
- “Very satisfied that there are arrangements in place to meet patients spiritual, psychological and cultural needs.”
- “Redburn is more like a family run home, staff have been there for years residents are familiar with us and our manager has set a very high standard for us to provide the best care we can possibly give.”
- “We might not have the most modern home, but the care from the staff and management make up for that.”
- “Our home manager provides residents with support and it is like a big family here we all pull together.”
- “satisfied with training regarding vulnerable adults.”

### **5.4.2 The environment**

There was a good standard of cleanliness and hygiene standards evident during the inspection. Communal areas were observed to be comfortable. Infection control procedures were also generally maintained to a good standard.

However the following issues are required to be addressed and a requirement has been made regarding the following issues:

- review the management of the clinical waste bins outside; and
- replace the identified cupboards in the kitchen which are unable to be effectively cleaned.

### **5.4.3 Care records**

Three care records were reviewed throughout all units in the home. They were generally found to be individualised and were reflective of the care needs of patients. They are audited monthly. One care record was required to be updated in relation to pain management. Two were not reflective of the advice provided by healthcare professionals. A requirement is made that care records are updated as changes to condition occur and that they are updated to reflect the advice provided by relevant healthcare professionals.

### **5.4.4 Safeguarding Vulnerable Adults**

Following a review of the complaints record one safeguarding issue was identified. The inspector discussed this incident with the registered manager. It was ascertained that the registered manager did not adhere to DHSSPS guidelines regarding the management of this incident. The protocol regarding reporting the incident to the Healthcare Trusts Safeguarding Team was not adhered to. The inspector requested that the incident should be reported without delay. This was completed during the inspection and the registered manager has been made familiar with the relevant guidelines. However a requirement is made that the registered manager and all staff receives up to date formal training regarding the management of safeguarding vulnerable adults. It is also required that an up to date flow chart is made available to all staff managing allegations of abuse to guide them to follow the correct protocol.

## 6. Quality Improvement Plan

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

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

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

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

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

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



<b>Quality Improvement Plan</b>	
<b>Statutory Requirements</b>	
<p><b>Requirement 1</b></p> <p><b>Ref: Regulation 24 (3)</b></p> <p><b>Stated: First time</b></p> <p><b>To be Completed by: 08 September 2015</b></p>	<p>The registered manager must ensure that the complaint raised by the visiting relative be addressed with the family and recorded in the complaints record in keeping with policies and procedures.</p> <p>The registered manager must ensure that relatives are kept informed if their relative's condition is deteriorating.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> All the complaint made by the family will be recorded on the complaint book and a robust system in place to check the complaint book on a regular basis and appropriate action made in order to resolve the issues or concerns brought up. A regular communication with the relatives is maintained and any changes in the resident's condition will be notified to the family by the nurse in charge or manager.</p>
<p><b>Requirement 2</b></p> <p><b>Ref: Regulation 14 (4)</b></p> <p><b>Stated: First time</b></p> <p><b>To be Completed by: 08 September 2015</b></p>	<p>The registered manager must ensure that he and all staff receive up to date formal training regarding the management of safeguarding vulnerable adults.</p> <p>The registered manager must also ensure that an up to date flow chart is made available to all staff managing allegations of abuse to guide them to follow the correct protocol.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The training for protection of vulnerable adult is on the 06/10/15. An up to date flow chart in placed including the contact number and copy of this was forwarded to Ms. Donna Rogan on 07/08/15</p>
<p><b>Requirement 3</b></p> <p><b>Ref: Regulation 13 (7)</b></p> <p><b>Stated: First time</b></p> <p><b>To be Completed by: 30 September 2015</b></p>	<p>The registered persons must review the management of the clinical waste bins and replace the identified cupboards in the kitchen which are unable to be effectively cleaned.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> All staff are made aware to check regularly if the bin is full, then the manager or nurse in charge will contact the company responsible for collection of clinical waste. The contact number of the company is displayed in the notice board. Identified cupboard in the kitchen will be replace before the end of the year.</p>

<b>Requirement 4</b>  <b>Ref: Regulation 15 (2)</b>  <b>Stated: First time</b>  <b>To be Completed by: 08 September 2015</b>	The registered manager must ensure that care records are updated as changes to condition occur and that they are updated to reflect the advice provided by relevant healthcare professionals.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> A robust system is in place to audits or checks the care records, on a regular basis by the home manager, in order to ensure all the changes made in the resident's conditions and any recommendations made by other health professionals are reflected in their individual care plans. All staff nurses are made aware of the importance of proper documentation.		
<b>Recommendations</b>			
<b>Recommendation 1</b>  <b>Ref: Standard 35.7</b>  <b>Stated: First time</b>  <b>To be Completed by: 08 September 2015</b>	The registered person must ensure the monitoring visits are conducted in an organised way and on one particular date.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> The responsible person will conduct her monthly monitoring visits and copy of the report will be available on a monthly basis too.		
<b>Registered Manager Completing QIP</b>	Michael Bagood	<b>Date Completed</b>	22/09/15
<b>Registered Person Approving QIP</b>	Chris Arnold	<b>Date Approved</b>	22/09/15
<b>RQIA Inspector Assessing Response</b>	Donna Rogan	<b>Date Approved</b>	24/09/15

*\*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\**