



The Regulation and
Quality Improvement
Authority

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**Unannounced Care Inspection
of
Slieve Dhu**

14 May 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 14 May 2015 from 09.50 to 16.55 hours.

This inspection was underpinned by one standard and one theme from the DHSSPSNI Care Standards for Nursing Homes (2015). **Standard 19 - Communicating Effectively; Theme 'End of Life Care' incorporating criteria from Standard 20 – Death and Dying; and Standard 32 - Palliative and End of Life Care.**

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

For the purposes of this report, the term 'patients' will be used to describe those living in Slieve Dhu which provides both nursing and residential care.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 13 November 2014.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	3

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

2. Service Details

Registered Organisation/Registered Person: Slieve Dhu Ltd/Micheal Rodgers	Registered Manager: Mrs Mandy Lacey
Person in Charge of the Home at the Time of Inspection: Mrs Mandy Lacey	Date Manager Registered: 26/11/14
Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI, RC-I	Number of Registered Places: 47
Number of Patients Accommodated on Day of Inspection: 43	Weekly Tariff at Time of Inspection: £591 (nursing) £480 (residential)

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 have been met:

Standard 19: Communicating Effectively

Standard 20: Death and Dying

Standard 32: Palliative and End of Life Care

4. Methods/Process

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

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

The inspector met with ten patients individually and with the majority of others in groups, five care staff, three nursing staff and four patient's visitors/representatives.

Prior to inspection the following records were analysed:

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

The following records were examined during the inspection:

- staff duty rotas
- staff training records
- staff competency and capability records
- care assistant induction records
- minutes of staff meetings
- five care records (two of which were specifically related to the theme)
- a selection of policies and procedures
- incident and accident records
- care record audits
- guidance for staff in relation to palliative and end of life care
- regulation 29 monthly quality visits
- annual report for 2014.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced estates inspection on 9 December 2014. The completed QIP was returned and approved by the specialist inspector.

Review of Requirements and Recommendations from the last Care Inspection

5.2 Last Care Inspection Statutory Requirements

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 20 (1)(c)(i) Stated: Third time	The registered persons must ensure that all staff in the home must be in receipt of up to date training in the prevention and control of infection.	Met
	Action taken as confirmed during the inspection: A review of training records confirmed that all staff had been in receipt of training in infection prevention and control. This requirement has been met.	

<p>Requirement 2</p> <p>Ref: Regulation 15(2)(a)(b)</p> <p>Stated: Second time</p>	<p>The registered persons must ensure that all patient/resident assessments are consistently kept under review and updated to ensure assessment information/risk assessments are accurate in reflecting the individual needs of patients/residents.</p> <ul style="list-style-type: none"> in addition patients' receiving regular prescribed analgesia including patients' with pressure ulcers/wounds must have a pain assessment in place. <p>Action taken as confirmed during the inspection: A pain assessment was in place for all patients in receipt of regular analgesia. This requirement has been met.</p>	<p>Met</p>
<p>Requirement 3</p> <p>Ref: Regulation 16(1)(2)(a-d)</p> <p>Stated: Second time</p>	<p>The registered persons must ensure that:</p> <ul style="list-style-type: none"> care plans consistently evidence input from the patient and or their nominated family representative the daily evaluation notes require improvement to reflect the care and treatment provided <p>Action taken as confirmed during the inspection: A review of care records evidenced that patients and their representatives had been involved in the planning of care. Daily evaluation notes were reflective of the care provided. This requirement has been met.</p>	<p>Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 20(1)(c)(i)</p> <p>Stated: Second time</p>	<p>The registered persons must provide confirmation to RQIA that any nurse working in the home who undertakes wound care tasks has received the required training and has been assessed and deemed competent to perform wound care safely and effectively.</p> <p>In addition confirmation is required that all care staff has received training on pressure area care.</p>	<p>Partially Met</p>

	<p>Action taken as confirmed during the inspection:</p> <p>A review of the training records evidenced that the majority of nursing and care staff had received training on wound and pressure ulcer care. An on-line training resource was available for staff and the manager confirmed that all staff were to complete this. This requirement has been partially met and will not be stated again.</p>	
<p>Requirement 5</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p>	<p>The registered persons must make suitable arrangements to minimise the risk of infections and toxic conditions and the spread of infection between patients/residents and staff by ensuring that</p> <ul style="list-style-type: none"> pull cords in bathrooms and sluices are covered with wipeable covering. <p>Action taken as confirmed during the inspection:</p> <p>An inspection of the premises evidenced that pull cords had wipeable covers in place. This requirement has been met.</p>	Met
<p>Requirement 6</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p>	<p>The registered person shall introduce and ensure systems are maintained for reviewing at appropriate intervals the quality of nursing and other service provision. This is in relation to the development of a policy/procedure on auditing of working practices.</p> <p>Action taken as confirmed during the inspection:</p> <p>A policy on the auditing of working practices had been developed and there was evidence of regular auditing. This requirement has been met.</p>	Met
<p>Requirement 7</p> <p>Ref: Regulation 16 (1); 16 (2) (b)</p> <p>Stated: First time</p>	<p>The responsible person must ensure that:</p> <ul style="list-style-type: none"> when a risk is identified in the risk assessments a corresponding care plan must be prepared as to how the patient's needs in respect of his health and welfare are to be met. the patient's plan is kept under review. 	Not Met

	<p>Action taken as confirmed during the inspection:</p> <p>A review of five care records was unable to evidence that when a risk was identified a corresponding care plan was in place. The care plans were not being consistently reviewed monthly. This requirement has not been met and will be stated for the second time.</p>	
Last Care Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 25.2</p> <p>Stated: Second time</p>	<p>It is recommended that there is a more consistent and systematic approach to the overall auditing processes within the home.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>There was evidence that regular audits were being undertaken in relation to complaints and wound care, for example. This requirement has been met. However, a system for the auditing of care records was not yet in place. A further recommendation has been made in this regard.</p>	Met
<p>Recommendation 2</p> <p>Ref: Standard 25.12</p> <p>Stated: Second time</p>	<p>Information to indicate how monthly reports can be accessed by patients, residents and or their representatives should be provided</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>A notice had been placed on the main notice board informing patients and their representatives that these reports were available on request. This recommendation has been met.</p>	Met
<p>Recommendation 3</p> <p>Ref: Standard 25.13</p> <p>Stated: Second time</p>	<p>It is recommended that the annual quality report is developed to include the following:</p> <ul style="list-style-type: none"> • training undertaken by staff in the home over the previous 12 months • patient/resident forums or meetings including action plans which are devised to address any area for improvement • improvements planned for 2013 and 2014. • the process in place to evidence that a copy of the annual quality report is made available to patients/residents and or their representative in a suitable format. 	Met

	<p>A copy of the report should be forwarded to RQIA on completion.</p>	
	<p>Action taken as confirmed during the inspection: The annual report had been developed to include the information above. A copy of the 2014 report had been forwarded to RQIA as requested. This recommendation has been met.</p>	
<p>Recommendation 4 Ref: Standard 26.1 Stated: Second time</p>	<p>The registered provider should ensure that the policies and procedures in place in the home are dated, signed and ratified.</p>	Met
	<p>Action taken as confirmed during the inspection: The registered manager is in the process of reviewing and updating all the policies for the home. All new policies have been signed and ratified by the registered provider and the registered manager confirmed that all newly developed policies would be appropriately ratified. This recommendation has been met.</p>	
<p>Recommendation 5 Ref: Standard 10.7 Stated: Second time</p>	<p>The registered persons must ensure the restraint policy is further revised and ratified to reflect Human Rights Legislation, the recording of best interest decisions and the DHSSPS Deprivation of Liberty Safeguards, (DOLS).</p> <p>A copy of the revised/ratified policy should be submitted to RQIA.</p>	Met
	<p>Action taken as confirmed during the inspection: The restraint policy was reviewed and this had been updated in accordance with the above legislation and guidance. This requirement has been met.</p>	
<p>Recommendation 6 Ref: Standard 10.7 Stated: Second time</p>	<p>The registered person must ensure that care records for patients using any equipment which restricts freedom of movement is robust and fully records the decision making process, including who was involved as well as information regarding the on-going arrangements for review.</p>	Met
	<p>Action taken as confirmed during the inspection:</p>	

	There was evidence in the care records reviewed of significant improvement in the documenting of the use of restrictive practices. The records evidenced that appropriate assessments has been conducted. There was also evidence of consultation with the patient and their representative and multi-disciplinary team as appropriate. This recommendation has been met.	
Recommendation 7 Ref: Standard 5.5 Stated: Second time	<p>The registered persons must ensure that the home's policies and procedures pertaining to the prevention and management of pressure ulcers and wound care are updated to incorporate / reference the most recent evidence based literature.</p> <p>Action taken as confirmed during the inspection: The policy on pressure ulcer management was reviewed and found to reference the most recent evidence based literature. This recommendation has been met.</p>	Met
Recommendation 8 Ref: Standard 30.7 Stated: First time	<p>The registered person must continue to ensure that there are adequate, designated hours for the home manager to work in a management capacity in order to fulfil the roles and responsibilities of the manager.</p> <p>Action taken as confirmed during the inspection: A review of the duty rota and discussion with the registered manager confirmed that there were designated hours for the manager to fulfil her roles and responsibilities. The designated hours were clearly stated on the duty rota. This recommendation has been met.</p>	Met

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure was available on palliative and end of life care which included a section on communicating effectively. This was reflective of 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 not completed specific training in relation to communicating effectively with patients and their relatives/representatives.

However in discussion, staff were found to be very confident and knowledgeable in this aspect of care.

Is Care Effective? (Quality of Management)

Care records reflected patients' individual needs and wishes regarding end of life care. Records referenced patients' specific communication needs including sensory and cognitive impairments.

A review of care records evidenced that the breaking of bad news was discussed with patients and/or their representatives, options and treatment plans were also discussed, where appropriate. There was evidence within the records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

The nursing staff consulted demonstrated their ability to communicate sensitively with patients and/or representatives when breaking bad news by ensuring a private venue, allowing time to impart the news and allow for questions or emotional responses and ensuring that conversations and outcomes were appropriately documented.

Is Care Compassionate? (Quality of Care)

Staff were able to provide an overview of how they delivered bad news to patients and their family. They each emphasised the importance of building trusting, professional relationships with patients and their representatives. They also highlighted the need for family support, particularly for those with cognitive or sensory impairments.

Patients and the three relatives consulted confirmed that all the staff were polite friendly and approachable.

Staff were observed to be responding to patients' needs promptly and good relationships were very evident between staff and the patients and their family members. The majority of patients and visitors were in the large downstairs lounge in the morning period. Tea and coffee was being served to all whilst a session of armchair aerobics was taking place facilitated by the activities therapist. Visitors were clearly made welcome.

The main notice board displayed numerous thank you cards and letters from patients' relatives.

Areas for Improvement

No requirements or recommendations have been made in relation to this standard.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

Is Care Safe? (Quality of Life)

A policy on the management of palliative and end of life care was available but there was no policy currently in place for death and dying. Best practice guidance, including the Guidelines and Audit Implementation Network (GAIN) Guidelines for Palliative and End of Life Care in Nursing Homes and Residential Homes (2013), were included in the palliative policy and relevant guidance was available to staff in a palliative care resource box. Registered nursing staff and care staff were aware of and able to demonstrate knowledge of these guidelines.

Training records evidenced that staff were trained in the management of death, dying and bereavement. A review of training records and discussion with staff evidenced that four nursing staff had completed training in respect of palliative/end of life care this month. The deputy manager had completed training in 2013. An e-learning module on palliative care was also available to staff and they were availing of this. Face to face palliative care training was also planned to take place in June.

A review of induction records could not evidence that palliative and end of life care was discussed at induction. Competency and capability assessments for the nurse in charge of the home in the absence of the manager had not been completed. Please refer to section 5.5 for further information and actions taken.

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

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

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

There was specialist equipment available in the home, such as airwave mattresses and a syringe driver. Staff could access more equipment from the local health and social care trust as required.

Two palliative care link nurses had been identified.

Is Care Effective? (Quality of Management)

A review of 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 and nutrition, pain management and symptom management. There was evidence that the patients' 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. The GP undertook advanced care planning with patients and the home conducted palliative care assessments as appropriate. The preferred place of care and death for each patient was documented and discussions regarding resuscitation had taken place.

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

Discussion with the manager, staff and a review of care records evidenced that environmental factors had been considered. Management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying. Discussion with staff confirmed that relatives were made welcome and were provided with a comfortable chair with blankets and pillows if staying overnight. All staff confirmed that they offered regular beverages and snacks and called in regularly to offer support.

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

Is Care Compassionate? (Quality of Care)

Discussion with staff and a review of care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding end of life care. All staff consulted demonstrated an awareness of patients' expressed wishes and needs.

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons' wishes, for family/friends to spend as much time as they wished with the person.

From discussion with the manager, staff and relatives and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives during this time. There were thank you cards on the main notice board in which relatives had commended the management and staff for their efforts towards the family and patient.

Discussion with the 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.

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death. They confirmed that they formed a guard of honour at the front door for deceased patients on leaving the home. Others described how they were facilitated to sit with the patient following their death to privately pay their respects. There was always a representative of the home at any memorial services as a mark of respect.

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 the support of team members and an "open door" policy by the registered manager.

There was currently no information available regarding support services for staff, patients and their relatives. This was discussed with the manager who agreed to source this information as soon as possible.

Areas for Improvement

It is recommended that a policy is developed to guide staff on the correct procedures in the event of a patient dying in the home.

It is recommended that information regarding death, dying and palliative care is included in the staff induction programme.

Number of Requirements:	0	Number of Recommendations:	2
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5.5 Additional Areas Examined

5.5.1 Comments by staff, patients and patient representatives

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

Staff

“We provide dignified care in a homely environment. We all work to the best of our ability and work as a team.”

“The manager is approachable and very good with training.”

“There have been some big changes to staff and I feel that we are still settling in.”

“There is no ‘one size fits all’ approach to care. Care is tailored to each person’s needs.”

“A few more staff would be good to enable us to spend more time with the patients.”

A review of the duty rota and discussion with the registered manager evidenced that staffing levels were sufficient to meet the needs of the patients.

Patients

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

“The staff are very good to me. I have no complaints and I wouldn’t change anything.”

“The food is rotten.”

“My meals are pureed and I can’t tell what it is sometimes.”

“The staff do a great job and work well as a team. They couldn’t be better.”

Patient Representatives

Four relatives / representatives were consulted during the inspection. Comments were generally positive about the home and particularly about the friendly and caring staff. Two relatives particularly commented on the improvements made by the recently appointed registered manager.

However, two relatives commented on ongoing concerns with the pureed meals provided. They stated that these were generally not well presented and were often not prepared to the required consistency. This was discussed with the registered manager and the registered provider who were aware of the issues. There was evidence of residents meetings in which this issue had been discussed. The registered person had recently employed a catering company due to difficulties recruiting chefs. The registered manager had relayed her concerns to the chef and company on numerous occasions but with little effect. The registered provider informed RQIA that he was to meet with the director of the catering company that afternoon in an attempt to resolve this matter. A requirement has been made in this regard and will continue to be monitored as part of ongoing inspection activity.

5.1.2 Competency and capability assessments

As part of the inspection process a request was made to view the competency and capability assessments for nurses given the responsibility of being in charge of the home in the absence of the manager. The manager confirmed that these had not been completed.

The relevant regulation and the content of such assessments was discussed with the registered manager who agreed to develop a proforma and carry these out urgently. A requirement has been made in this regard.

5.1.3 Care records

A review of care records could not evidence that risk assessments and care plans were being reviewed monthly or more often as required. One patient's care plans had not been reviewed since December 2014. A previous requirement in regard to the review of care plans has been stated for a second time. A requirement has also been made that risk assessments are reviewed monthly to reflect the current needs of patients.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mandy Lacey, 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



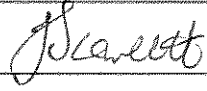
The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk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

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

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 16 (1); 16 (2) (b)</p> <p>Stated: Second time</p> <p>To be Completed by: 14 September 2015</p>	<p>The responsible person must ensure that:</p> <ul style="list-style-type: none"> • when a risk is identified in the risk assessments a corresponding care plan must be prepared as to how the patient's needs in respect of his health and welfare are to be met. • the patient's plan is kept under review <p>Response by Registered Person(s) Detailing the Actions Taken: Following a documentation audit of all documentation, all nursing staff are aware of ensuring that care plans and risk assessments correlate and that all risk assessments and care plans are reviewed monthly or as the residents condition deteriorates, whichever is first.</p>
<p>Requirement 2</p> <p>Ref: Regulation 12 (4) (a) (b)</p> <p>Stated: First time</p> <p>To be Completed by: 14 July 2015</p>	<p>The registered person shall ensure that food and fluids are provided in adequate quantities and at appropriate intervals. Meals must be properly prepared, wholesome and nutritious and meet their nutritional requirements.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The chef that was in post when the inspection took place has now left and there is a new chef in-situ who is excellent. She has taken control of the kitchen and is ensuring that all meals are to a high standard, wholesome and nutritious.</p>
<p>Requirement 3</p> <p>Ref: Regulation 15 (2) (a) (b)</p> <p>Stated: First time</p> <p>To be Completed by: 14 September 2015</p>	<p>The registered persons must ensure that risk assessments are carried out and reviewed at least monthly or as the patient's condition changes.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Risk assessments are now being reviewed monthly or as the residents condition changes whichever is first.</p>
<p>Requirement 4</p> <p>Ref: Regulation 20 (3)</p> <p>Stated: First time</p> <p>To be Completed by: 12 July 2015</p>	<p>A competency and capability assessment must be carried out with any nurse who is given the responsibility of being in charge of the home in the absence of the manager.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: A competency and capability assessment form has been compiled and all nurses in charge of the building now have an assessment carried out before they are left in charge.</p>

Recommendations			
Recommendation 1 Ref: Standard 35.4 Stated: First time To be Completed by: 12 September 2015	The registered persons should ensure that regular audits of the care records are undertaken in order to promote continuous improvement in record keeping.		
	Response by Registered Person(s) Detailing the Actions Taken: Monthly audits of care records are now being completed.		
Recommendation 2 Ref: Standards 20; 36.2 Stated: First time To be Completed by: 14 September 2015	The registered persons should develop a policy/procedure to guide staff on the actions to be taken in the event of a death in the home.		
	Response by Registered Person(s) Detailing the Actions Taken: A policy is now in place to guide staff on what should be done in the event of a death in the home.		
Recommendation 3 Ref: Standards 32 Stated: First time To be Completed by: 14 September 2015	The registered persons should include management of palliative care, death and dying in the induction programme for new staff.		
	Response by Registered Person(s) Detailing the Actions Taken: I am in the process of updated the homes induction programme and palliative care and death and dying will be included in the programme.		
Registered Manager Completing QIP	Mandy Lacey 	Date Completed	23/6/15
Registered Person Approving QIP		Date Approved	23/6/15
RQIA Inspector Assessing Response		Date Approved	25/6/15

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

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