



The Regulation and
Quality Improvement
Authority

Somerton Private Nursing Home
RQIA ID: 1296
77 Somerton Road
Belfast
BT15 4DE

Inspector: Heather Sleator
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**Unannounced Care Inspection
of
Somerton Private Nursing Home**

10 March 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 10 March 2016 from 10.00 to 16.30. The inspector was accompanied during the inspection by a lay assessor, Alan Craig, from 09.30 to 13.40 hours.

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

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

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 19 August 2015.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	6*

*The total number of recommendations includes three recommendations stated for the second time.

The details of the Quality Improvement Plan (QIP) within this report were discussed with Paul McCambridge, Registered Person and Lyn Burton, 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: Somerton Private Nursing Home	Registered Manager: Lynda Burton
Person in Charge of the Home at the Time of Inspection: Lynda Burton	Date Manager Registered: 17 July 2013
Categories of Care: NH-DE	Number of Registered Places: 26
Number of Patients Accommodated on Day of Inspection: 25	Weekly Tariff at Time of Inspection: £593 per week

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

4. Methods/Process

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

During the inspection, we observed care delivery/care practices and undertook a review of the general environment of the home. We met with 10 patients, five care staff, two registered nurses, ancillary staff members and four patient representatives.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records
- staff training records
- complaints records
- staff duty rota
- quality assurance audits in respect of nursing care records
- policies for communication and end of life care
- policies for dying and death 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 January 2016. The completed QIP was returned and approved by the specialist inspector.

5.2 Review of Requirements and Recommendations from the last care inspection dated 19 August 2015

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 4 Stated: First time	Nursing staff should ensure all sections/parts of a risk assessment are completed. If a section of a risk assessment is deemed 'not applicable' the assessment should reflect this.	Met
	Action taken as confirmed during the inspection: The review of four care records evidenced that risk assessments had been fully completed.	
Recommendation 2 Ref: Standard 4.1 Stated: First time	Nursing staff should sign and date all nursing documentation, including risk assessments.	Met
	Action taken as confirmed during the inspection: Care records reviewed evidenced that nursing documentation, including risk assessments, had been signed and dated by nursing staff in accordance with NMC guidance in respect of record keeping.	
Recommendation 3 Ref: Standard 35.7 Stated: First time	The Regulation 29 monthly monitoring should commence with a review of the action plan developed following the previous monitoring visit. The duration of the visit should also be stated on the report.	Met
	Action taken as confirmed during the inspection: The Regulation 29 reports of December 2015, January 2016 and February 2016 confirmed that the reports commenced with the action plan of the previous inspection and the level of compliance attained. The duration of the visit was stated on each report.	

<p>Recommendation 4</p> <p>Ref: Standard 35.6</p> <p>Stated: First time</p>	<p>Where a shortfall has been identified in a quality audit, a record of the remedial action taken to address the shortfall should be present. The completion of the remedial action should be verified by the registered manager.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>Quality audits in relation to care records evidenced that where a shortfall had been identified a record of the remedial action to be taken and timescale was stated. Evidence was also present that the identified remedial action had been actioned.</p>		
<p>Recommendation 5</p> <p>Ref: Standard 35.6</p> <p>Stated: First time</p>	<p>Management should ensure that the systems in place to monitor the quality of services provided by the home are effective. Specific attention should be given to the personal care afforded to patients and environmental issues.</p>	Not Met
<p>Action taken as confirmed during the inspection:</p> <p>The hours worked by maintenance staff had increased and a portable hairdressing sink had been purchased to facilitate the washing of patients' hair. However, there were issues observed regarding the environment and the personal care afforded to patients. Please refer to sections 5.5.2 and 5.5.3 for further detail.</p>		
<p>Recommendation 6</p> <p>Ref: Standard 43.2</p> <p>Stated: First time</p>	<p>A sink, suitable for hairdressing, should be made available or installed in the home.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>A portable hairdressing sink had been purchased to assist staff and the hairdresser with washing patients' hair.</p>		
<p>Recommendation 7</p> <p>Ref: Standard 6.14</p> <p>Stated: First time</p>	<p>Patients' personal care and grooming needs are regularly assessed and met.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>The manager implemented a personal care chart which staff complete on a daily basis. The manager stated the chart is reviewed by management to ensure staff are complying with the completion of the record.</p>		

<p>Recommendation 8</p> <p>Ref: Standard 6.11</p> <p>Stated: First time</p>	<p>The registered manager should write to Trust representatives should there be difficulty in getting personal toiletries and clothing for any patient who does not have access to their personal allowance as agreed.</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The manager stated she had written to the relevant Trust representatives informing them of the difficulty in obtaining personal toiletries for some patients. The manager stated there had been little improvement in the situation following this. Please refer to section 5.5.3 for further detail.</p>		
<p>Recommendation 9</p> <p>Ref: Standard 43.2</p> <p>Stated: First time</p>	<p>Management should implement a system to ensure all aspects of the environment are fit for purpose. For example; curtaining in the home is made good, suitable footstools are available for patients to use, fixtures and fittings are repainted as and when necessary and the dining table placemats are replaced.</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The weekly hours allocated to maintenance staff had been increased by the registered person. However, there were a number of areas observed during the inspection which required actioning. These areas had not been identified by management or staff. Please refer to section 5.5.2 for further information.</p>		

5.3 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)

Four care records were reviewed. The assessment of need did not reflect reflect the patients' individual needs and wishes regarding the end of life care. This was discussed with the manager who stated she had sought guidance from the specialist palliative care team. The information given was that it was up to the home manager to decide when is the best time to discuss this aspect of care and with whom. However, the manager had sent patients' representatives advanced care planning document/ information and a record of returned documentation was maintained.

There was evidence within records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care in respect of advanced care planning and do not attempt cardiovascular resuscitation orders.

Care staff were consulted with and they discussed their ability to communicate sensitively with patients and/or representatives. When the need for the 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 in a calm and sensitive manner.

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

Areas for Improvement

There were no areas for improvement identified at the time of the inspection.

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)

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. Training is completed via an 'e learning' system. Training completed in 2015 was as follows;

Grief and Loss – 17 out of 17 nursing and care staff employed completed the module in 2015
 Palliative Care – 16 out of 17 nursing and care staff completed the module in 2015
 Communication – 14 out of 17 nursing and care staff completed the module in 2015
 Syringe Driver training – 6 registered nurses attended BHSCT training in 2015

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 and staff confirmed 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 nursing staff confirmed their knowledge of the protocol.

There was no specialist equipment in use in the home at the time of the inspection.

Is Care Effective? (Quality of Management)

The manager stated there were no patients in receipt of palliative or end of life care and that there had been no recent referrals to the specialist palliative care team. Therefore, care records were reviewed to assess the level of compliance with the nursing process. Evidence was present that the assessment and planning of care was completed in a timely manner. Care planning evidenced a holistic approach and care plans evidenced regular evaluation and review.

The care records of two patients with 'Do Not Attempt Cardiopulmonary Resuscitation' notices were reviewed. Evidence was present of the involvement of the patients' general practitioners and next of kin. Care records evidenced the regular review of the patients' health and wellbeing in accordance with regional guidelines.

Discussion with the manager and staff evidenced that in the past, environmental factors in respect of palliative and end of life care, had been considered. Arrangements for relatives/representatives to be with patients who had been ill or dying were discussed with staff who stated that families can stay for as long as they wish during the day or night with their relative.

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

Is Care Compassionate? (Quality of Care)

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 wish with the person. Staff stated refreshments and snacks are made available for family members.

From discussion with the manager, staff and a review of the 'thank you' cards on the notice board, management and staff had been complimented for the care and attention afforded in Somerton. Comments included;

"thank you all for your kindness and care to my (relative)

"thank you for all your love and care to my (relative)

"thank you so much for the care you gave to my (relative), I will always remember this"

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.

Staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death and were given the opportunity to attend funerals.

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 bereavement support and staff meetings.

Information regarding bereavement support services and a range of other health care services was available and accessible for staff, patients and their relatives.

Areas for Improvement

There were no areas for improvement identified at the time of the inspection.

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

5.5.1. Lay Assessor's Comments

The inspector was accompanied by a lay assessor. The lay assessor spoke with patients, relatives and staff. All comments made during feedback were generally positive regarding the overall environment of the home and the care provided. The lay assessor also commented that the home appeared to provide a safe environment; there were no significant issues of concern identified during the inspection. Furthermore staff were friendly and responsive to the needs of the patients. Staff appeared motivated and enjoyed the work environment.

5.5.2. The Environment

Somerton Nursing Home is a large detached period home which has been extended to provide additional accommodation and facilities. There were a number of concerns which were evident during the tour of the premises. The concerns were:

The environment and maintenance of the home:

- one bathroom did not have a nurse call point at the bath and there was no 'pull cord' light switch mechanism at the door. Where the bath hoist was secured to the floor there was evidence of significant areas of rust
- the light switches in 13 bedrooms were either broken or incomplete
- the top of wardrobes in seven bedrooms was being used for storage
- there was evidence of residual adhesive tape on walls throughout the home where notices/posters had been removed
- there was a build-up of dust on the walls at the back of the tumble dryer in the laundry. The walls in the laundry should be made good where they had been damaged and plaster work was evident
- the upstairs bathroom and shower room should be upgraded to a similar standard as the bathroom on the ground floor

It was also concerning that the maintenance routines and systems of the home had not been fully actioned as previously recommended at the inspection of 19 August 2015. This recommendation has been stated for the second time.

Infection prevention and control procedures and cleanliness and hygiene routines:

- there was evidence of a build-up of dust in areas of the home including the manager's office and the main lounge. High dusting is required in the main lounge
- the serving hatch in the dining room evidenced a significant amount of food debris. The wood at the serving hatch between the kitchen and the dining room was 'chipped' and requires to be repaired
- two mop heads were observed to have been left unattended, in mop buckets at the top of the stairs
- in discussion with the housekeeper, it was stated that one of the cleaning agents being used was bleach. Bleach is a corrosive material and the container did not have a hazard warning clearly displayed. Bleach is not a recommended cleaning agent and the continued use of bleach should be reviewed
- two rooms in the home were malodorous, the rooms were identified to the manager

Infection prevention and control procedures and the cleanliness and hygiene of the home are the responsibility of all staff on a daily basis and should not have to wait to be identified at the time of audit. The areas identified in section 5.5.2 should be included in future audits. It is recommended that the manager inform staff of their responsibility regarding these areas as staff had already completed training in infection prevention and control. It is also the responsibility of the manager to ensure the knowledge gained through training is embedded into practice by staff.

It is recommended the quality assurance systems which are currently in use in the home, are reviewed to ensure they are robust.

5.5.3 Care Practice

All patients were observed to be content in their surroundings. The majority of patients were sitting in the front lounge of the home and the activities coordinator was actively engaged with the patients, both individually and in small groups. Discussion took place with staff and then the manager, as a number of female patients were observed to have no stockings/socks on. The manager stated this was because families do not bring items of personal clothing or toiletries in for their relative. This issue was raised at the previous inspection of 19 August 2015 and a recommendation was made that the manager informs personnel in the referring Trust about the issue. The manager stated she had informed care managers and there had not been a noticeable improvement. It remains a concern that patients do not have access to appropriate clothing. It is recommended that the manager contacts the relevant persons, in writing, and confirms to RQIA who has been contacted and the outcome of the contact/discussion. This recommendation is stated for a second time with additional information requested.

Three aspects of care practice were observed which were concerning. The concerns were in relation to how patients are assisted with walking, the wearing of disposable gloves when assisting patients with their meals and how staff assist patients with their meals. The issues were discussed with the manager who stated that she thought infection prevention and control procedures recommended staff wear disposable gloves when assisting patients with their meals. This was discussed and the manager was informed that in a home environment, good hand hygiene is recommended as opposed to the wearing of disposable gloves so as to protect the dignity of patients. The manager agreed to inform staff of how to assist a patient to mobilise and the best practice guidelines regarding assisting patients at mealtimes. A recommendation has been made.

5.5.4 Consultation with Patient's, Representatives and Staff

During the inspection process, 10 patients, eight staff, and four patient representatives were consulted with to ascertain their personal view of life in Somerton Nursing Home. The feedback from the patients and representatives indicated that safe, effective and compassionate care was being delivered in Somerton Nursing Home. Staff commented that they felt that patients were well cared for.

Some patients' comments received are detailed below:

"my aim is to do as much for myself and make it easier for the staff"

"they're very good people"

"everything with me is ok, staff and all"

"I'm alright here"

"I'm doing alright"

Four patient representatives consulted with were very positive about the care provided and commented:

“I couldn’t sing their praises high enough”

“it has a family atmosphere”

“the staff are always very attentive”

“all the staff at the home are very attentive”

“I get a real family feeling in Somerton”

“I’m happy for my (relative) to be here”

“the food is very good and Bridie (activities coordinator) is very good to them”

Two staff completed and returned a questionnaire. The responses were generally positive with staff stating that they were satisfied that patients are encouraged to retain their independence and that the care provided is based on individual needs and wishes. However, it was stated that staff were not satisfied that patients were afforded privacy, dignity and respect at all times and that they were not satisfied patients receive timely support from the multidisciplinary team, for example; general practitioner, dietician, occupational therapist, speech and language therapist and continence advisor.

Some comments from staff included:

“sometimes communication can be a problem i.e. patients that come to stay with us, their history etc.”

“care assistants don’t get enough credit, they work very hard and ensure patients are looked after and made to feel welcome”

“the long term care staff are very good and the food is very good too”

The registered persons are advised to review the comments detailed above and seek to improve any shortfalls which have been identified.

Areas for Improvement

It is recommended that management should ensure that the systems in place to monitor the quality of services provided by the home are effective. Specific attention should be given to the personal care afforded to patients and environmental issues. This recommendation is stated for a second time.

It is recommended that the registered manager should write to Trust representatives should there be difficulty in getting personal toiletries and clothing for any patient who does not have access to their personal allowance as agreed. The registered manager should inform RQIA of the outcome of the request. This recommendation is stated for a second time with additional information requested.

It is recommended that management should implement a system to ensure that all aspects of the environment are fit for purpose. For example; curtaining in the home is made good, suitable footstools are available for patients to use, fixtures and fittings are repainted as and when necessary and the dining table placemats are replaced. This recommendation is stated for a second time.

It is recommended that the registered persons ensure that the quality assurance systems in place in respect of infection prevention and control procedures and the cleanliness and hygiene of the home are robust.

It is recommended that the registered persons implement a system to ensure knowledge gained through training is put into practice regarding infection prevention and control procedures and the cleanliness and hygiene of the home.

It is recommended that the registered manager ensures staff are made aware of the correct way to assist patients when mobilising and the correct approach to assisting patients with their meals.

Number of Requirements:	0	Number of Recommendations:	6
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Paul McCambridge, Registered Person, and Lynda Burton, 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 in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 35.6

Stated: Second time

To be Completed by:
9 May 2016

It is recommended that management should ensure that the systems in place to monitor the quality of services provided by the home are effective. Specific attention should be given to the personal care afforded to patients and environmental issues.

For additional information reference sections 5.5.2 and 5.5.3

Response by Registered Person(s) Detailing the Actions Taken:
Audits have now been updated to ensure quality of services provided by the Home are effective with specific attention to personal care and environmental issues. The report states a number of female patients were observed not to be wearing stockings/socks however, the registered manager can confirm that on day of inspection, 6 patients had been identified by staff and nurses had taken advice from Tissue Viability that 3 of these patients should not wear stockings/socks until wounds had healed as documented in Tissue Viability recommendations. Another of these patients refuses to wear stockings which is documented in her care plan.

Recommendation 2

Ref: Standard 43.2

Stated: Second time

To be Completed by:
9 May 2016

It is recommended that management should implement a system to ensure all aspects of the environment are fit for purpose. For example; curtaining in the home is made good, suitable footstools are available for patients to use, fixtures and fittings are repainted as and when necessary and the dining table placemats are replaced. This recommendation is stated for a second time.

For additional information reference section 5.5.2

Response by Registered Person(s) Detailing the Actions Taken:
All curtaining has been made good. Suitable footstools and dining table placemats were purchased following the previous inspection last August and were available during this inspection.
Fixtures and fittings are repainted as and when necessary and on an ongoing basis.
The upstairs bathroom is to be refitted within the next few weeks. All residual tape on walls has been removed and light switches have been repaired.
The regulation 29 record has been amended to ensure more detail is recorded regarding repairs required.

Recommendation 3

Ref: Standard 6.11

Stated: Second time

It is recommended that the registered manager should write to Trust representatives should there be difficulty in getting personal toiletries and clothing for any patient who does not have access to their personal allowance as agreed.

<p>To be Completed by: 6 June 2016</p>	<p>The registered manager should inform RQIA of the outcome of the request.</p> <p>For additional information reference section 5.5.3</p>
<p>Recommendation 4</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be Completed by: 9 May 2016</p>	<p>It is recommended that the registered persons ensure that the quality assurance systems in place in respect of infection prevention and control procedures and the cleanliness and hygiene of the home are robust.</p> <p>Ref: section 5.5.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Audits and cleaning schedules have been updated to ensure that the quality assurance systems in place in respect of infection prevention and control procedures and the cleanliness and hygiene of the home are robust</p>

Recommendation 5 Ref: Standard 39.7 Stated: First time To be Completed by: 6 June 2016	It is recommended that the registered persons implement a system to ensure knowledge gained through training is put into practice regarding infection prevention and control procedures and the cleanliness and hygiene of the home. Ref: section 5.5.2		
	Response by Registered Person(s) Detailing the Actions Taken: All staff have completed Infection Control training and a recent staff meeting reminded staff that all staff have a responsibility on a daily basis to ensure cleanliness and hygiene of the Home is maintained. Audits have been updated to include daily overview of the Home.		
Recommendation 6 Ref: Standard 39.8 Stated: First time To be Completed by: 6 June 2016	It is recommended that the registered manager ensures staff are made aware of the correct way to assist patients when mobilising and the correct approach to assisting patients with their meals, in accordance with best practice guidance. Ref: section 5.5.3		
	Response by Registered Person(s) Detailing the Actions Taken: A recent staff meeting reminded staff to be aware of the correct way to assist patients when mobilising. Nurses will supervise carers on a daily basis. Also at staff meeting, carers were asked to integrate more with residents whilst assisting them with feeding. Disposable gloves are no longer worn at meal times to protect the dignity of patients and strict handwashing is enforced prior to serving of meals.		
Registered Manager Completing QIP	Lynda Burton	Date Completed	03/05/16
Registered Person Approving QIP	Paul McCambridge	Date Approved	03/05/16
RQIA Inspector Assessing Response	Heather Sleator	Date Approved	09/05/16

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