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Unannounced Care Inspection
of
Whiteabbey

23 September 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 23 September 2015 from 09.30 to 16.00.

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, concerns and areas of improvement were identified and are required to be addressed to ensure that care in the home is safe, effective and compassionate. These areas are set out in the Quality Improvement Plan (QIP) within this report. Refer also to section 1.2 below.

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 described those living in Whiteabbey 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 9 March 2015.

1.2 Actions/Enforcement Resulting from this Inspection

As a result of the inspection, RQIA were concerned that the quality of care and service within Whiteabbey Care Home was below the minimum standard expected. The inspection findings were discussed with senior management in RQIA. It was agreed that the matters of concern should be communicated in correspondence to the regional manager for follow up as a matter of priority.

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	7

The total number of requirements and recommendations above includes both new and those that have been 'restated'.

The details of the Quality Improvement Plan (QIP) within this report were discussed with the 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: Four Seasons Health Care Dr Maureen Claire Royston	**Registered Manager:** Aleyamma George
Person in Charge of the Home at the Time of Inspection: Aleyamma George	**Date Manager Registered:** 20 May 2011
Categories of Care: RC-I, NH-I, NH-PH, NH-PH(E)	**Number of Registered Places:** 59
Number of Patients Accommodated on Day of Inspection: 42	**Weekly Tariff at Time of Inspection:** £593 to £604

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 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
- pre inspection assessment audit

During the inspection, we observed care delivery/care practices and undertook a review of the general environment of the home. We met with four patients, three care staff, one registered nurse and eight patient's visitors/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
- 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 Whiteabbey was an unannounced care pharmacy inspection dated 16 February 2015. The completed QIP was returned and approved by the pharmacy inspector.

5.2 Review of Requirements and Recommendations from the Last Care inspection on 9 March 2015.

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref:** Standard 20.2 **Stated:** Second time	It is recommended that, in addition to the emergency equipment already provided, the following equipment is readily available and records maintained of regular checks: • Emergency patient airways - (both floors) • Emergency 'ambu' bag (both floors) • Suction equipment (ground floor)	**Met**
	Action taken as confirmed during the inspection: A review of records regarding emergency equipment confirmed that the identified equipment was available and was checked on a daily basis. There was evidence that these records were signed by the registered manager on a weekly basis.	
Recommendation 2 **Ref:** Standard 19.1 and 19.4 **Stated:** First time	Consideration should be given to the appointment of a continence link nurse to undertake regular audits of the management of incontinence.	**Partially Met**
	Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that there was a continence link nurse appointed to the home, who participated in staff training regarding continence care and was involved in the monthly ordering of incontinence products for the home. There was no evidence that continence audits had been conducted. This recommendation was stated for the second time.	

Recommendation 3 **Ref:** Standard 32.11 **Stated:** First time	The registered manager should ensure that the room designated for smoking is not used for any other purpose. This relates to the storage of Trust owned equipment that is no longer required.	**Met**
	Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that the smoking room was not used for this purpose. The room was inspected and there was no evidence that Trust owned equipment was being stored in this room.	

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

The home's policies and procedures on the management of palliative and end of life care and death and dying were under review on the day of inspection. A recommendation was made. However, a review of the draft policy confirmed that the document currently reflected best practice guidance such as the regional guidelines on Breaking Bad News. Discussion with the registered nursing staff confirmed that they were knowledgeable regarding this policy and procedure.

There were plans in place for all staff to complete an e-learning module on palliative and end of life care. Training records reviewed confirmed that two registered nursing staff and 11 care staff had received face to face training in palliative and end of life care. The registered manager stated that this training included the procedure for breaking bad news as relevant to staff roles and responsibilities. However, there were no records available regarding the content of this training. A recommendation was made to address this (training content).

Discussion with the registered nurses and care staff confirmed that staff were aware of the sensitivities around breaking bad news and the importance of accurate and effective communication. However, in view of observations on the day of inspection, it was evident that this was not embedded into practice. It was concerning that information regarding a patient's condition had not been communicated to all staff members, including the registered manager.

Is Care Effective? (Quality of Management)

Care staff consulted considered the breaking of bad news to be primarily the responsibility of the registered nursing staff but felt confident that should a patient choose to talk to them about a diagnosis or prognosis of illness, they would have the necessary skills to do so. They also felt their role was to empathise and to support patients and their representatives following sensitive or distressing news. However, it was concerning that one staff member was unaware of a patient's deteriorating condition, despite the registered manager stating that all staff members had been informed.

One registered nurse described how they had communicated sensitively with patients and relatives and provided examples of how they had conveyed distressing news in the past. They emphasised the importance of building caring relationships with patients and their representatives and the importance of regular, ongoing communication regarding the patient's condition. They explained that there were events which would trigger sensitive conversations with patients and/or their families, for example, an increase in the number of admissions to hospital, deterioration in condition and/or reoccurring symptom with a poor prognosis. However, on the day of the inspection, we observed a patient who required attention and it was not until the deterioration in the patient's condition was identified by the inspector, that any intervention had taken place. A requirement was made.

The policy on palliative and end of life care specified that there were prognostic indicators which should be used to support care staff in identifying when patients were entering the end of life or dying phase. Discussion with care staff regarding their ability to identify when patients were entering the dying phase of life, evidenced that all staff were aware of the indicators; and all staff consulted stated that they would communicate to the registered nursing staff if they felt that a patient's death was imminent. As discussed previously, we observed a deterioration of the condition of one patient. Discussion with the registered manager and registered nurse confirmed that they were aware of the deterioration in the patient's condition. However, it was concerning that prognostic indicators had not been identified by the staff on duty. We raised this with staff and ensured that appropriate action was taken. Refer also to inspector comments in section 5.5.

There was evidence in the records of three patients, two of whom were recently deceased, that patients' representatives were updated regarding their condition. The care records reviewed evidenced that discussions had taken place regarding the patients' resuscitation status and two care records reviewed, identified that care plans had been completed in respect of these decisions. However, there was one identified patient who did not have a care plan for resuscitation completed, as the home was waiting for the signed resuscitation consent form, to be returned by the general practitioner. There was no evidence that end of life care plans were completed. This was concerning, given that all three care records pertained to expected deaths. A requirement was made.

Is Care Compassionate? (Quality of Care)

Discussion with four patients individually and with the majority of patients generally, evidenced that patients were content living in the home. Observations of the delivery of care and staff interactions with patients confirmed that communication was well maintained. However, observations regarding the delivery of care identified that patients' needs and requests were not responded to promptly. Refer to inspector comments in section 5.5.

Staff consulted recognised the need to develop strong, supportive relationships with patients and relatives. It was appreciated by staff that this relationship would allow the delivery of bad news more sensitively and with greater empathy when required.

Eight patients' representatives were consulted and all those spoken with confirmed that they were kept informed of any changes to their relatives' condition and of the outcome of visits and reviews by healthcare professionals.

There were several cards and letters on display complimenting the care that was afforded to patients when they were receiving end of life care.

Areas for Improvement

A system should be implemented to evidence and validate staffs' knowledge of the policies and procedures, newly issued by the organisation, in respect of communicating effectively.

The content of all training provided to staff should be maintained in the home.

All staff should be proactive in assessing when a patient's condition is deteriorating or when they may be entering end of life so that effective communication pathways can be put in place.

Written care plans must be prepared by registered nurses, in consultation with the patient and/or their representative, to inform care delivery during the last days of life.

Number of Requirements: *2 requirements were made under Standard 32 below	***2**	**Number of Recommendations**: *1 recommendation was made under Standard 32 below	***2**

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)

As previously discussed, the policies and procedures on the management of palliative and end of life care and death and dying were under review and a recommendation was made in this regard. However, a review of the draft policy confirmed that the current document reflected best practice guidance such as the GAIN Palliative Care Guidelines, November 2013. The GAIN Guidelines for Palliative and End of Life Care in Nursing Homes and Residential Homes were available in the home. Registered nursing staff consulted stated that they were aware of where to access the policies and guidance documents, if required.

There was no formal protocol for timely access to any specialist equipment or drugs in place. However, discussion with one registered nurse confirmed their knowledge of local arrangements for accessing palliative care teams, district nursing teams, GP out-of-hours or pharmacists, if required.

The policy reviewed stated that that the e-learning module on palliative and end of life care was mandatory for registered nursing staff and indicated that it is good practice for this training to be extended to all grades of staff. Discussion with the registered manager confirmed that the e-learning component of training had recently commenced. As previously discussed, a review of training records evidenced that two registered nursing staff and 11 care staff had received face to face training in palliative and end of life care. Two registered nurses had also completed a three-day palliative and end of life care training in 2013 through the local hospice. Following the inspection, the registered manager confirmed that the staff had not attended training regarding the care of deteriorating patients and provided assurances that training would be provided to staff. A requirement was made.

Three patient care records were reviewed, two of whom were recently deceased. There was evidence that palliative care needs were addressed in the pre-admission assessments. However, one care record did not have a needs assessment completed. There was no evidence that care plans were in place in respect of patients' palliative and end of life care needs. As previously discussed, registered nursing staff explained that there were events which would trigger sensitive conversations with patients and/or their families, for example an

increase in the number of admissions to hospital or increased visits by the general practitioner. It was therefore concerning that care plans had not been completed for three patients whose deaths were expected. A requirement was made to address this, as discussed in section 5.3.

Discussion with the manager, registered nurse and a review of three patient care records confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services and that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life. Concerns regarding the timeliness of contact with family members were discussed with the registered manager, as discussed in section 5.3.

There was no specialist equipment in use in the home on the day of inspection. Discussion with the registered manager confirmed that staff had received training in the use of the McKinley syringe driver. Update training would be accessed through the through the local healthcare trust nurse, if required.

There was no palliative care link nurse identified in the home. However, discussion with the registered manager confirmed that she had completed a post-graduate diploma in cancer nursing and had a special interest in the area. The manager felt that she had a strong role in supporting registered nurses in palliative and end of life care. Given the investment in knowledge and skills, there was no evidence that this was embedded into practice as previously stated. The registered manager stated that a registered nurse would be offered the opportunity to attend future palliative link nurse training.

Is Care Effective? (Quality of Management)

A review of three care records evidenced that patients' needs were assessed and reviewed on an ongoing basis. This included the management of hydration and nutrition, pain and symptom management.

The policy on end of life care stated that the registered nurse/senior carer was responsible for any specific cultural arrangements which may include religious or cultural beliefs and that these should be included in the patients' care plans. However, there was no evidence in the care records reviewed that these were considered or that discussions between the patient, their representatives and staff in respect of death and dying arrangements had taken place.

Discussion with the registered manager evidenced that the key worker/named nurse system was not effectively in place, due to recent registered nurse vacancies. Assurances were provided that this would be reviewed when the newly recruited staff were in place.

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

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 consulted with described how refreshments and catering/snack arrangements were provided to patients' relatives during this period.

From discussion with the manager, staff and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives during this time. There was evidence within compliments/records that relatives had commended the management and staff for their efforts towards the family and patient.

Despite inspection findings, 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. However, one staff member was unaware of a patient's death, contrary to the manager stating that all staff had been informed. Staff members described how they would attend a patient's funeral if they were on their days off.

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 more experienced staff supporting newer staff and reflecting on the patients' time spent living in the home.

The policy stated that following the death of a patient, advocates and staff should have signposting services to agencies such as CRUSE Bereavement. There was only one Four Season's leaflet available, providing information to help those close to someone who is old or dying. The registered manager was advised of other support services that were available. A recommendation was made.

Areas for Improvement

As previously discussed, a system should be implemented to evidence and validate staffs' knowledge of the policies and procedures, newly issued by the organisation, in respect of communicating effectively; and palliative and end of life care.

All staff should receive training in the care of the deteriorating patient, as relevant to their roles and responsibilities.

Written care plans must be developed by registered nurses, in consultation with the patient and/or their representative, to inform care delivery during the last days of life and these must include any specific religious or cultural beliefs and arrangements.

Relevant information on support services should be further developed, to ensure that patients and their relatives have access to support services that are based in Northern Ireland.

Number of Requirements:	**2**	**Number of Recommendations:**	**2**

5.5 Additional Areas Examined

Staffing

Patients were observed waiting a long period of time to be assisted out of the dining room, following their breakfast; and on one occasion one patient had only half their breakfast eaten, when the staff member assisting them had to leave to assist another patient. One registered nurse was observed administering medicines in the dining room during breakfast and took two hours to complete the drug round. As discussed previously in section 5.3, there was one patient who was in need of attention and it was not until the deterioration in the patient's condition was identified by the inspector that any intervention had taken place.

Three staff expressed concerns regarding the staffing levels. They stated that they were "rushed off their feet and that patients' needs are met in a rushed way." One staff member stated that they feel that "the patients are on a conveyor belt." Terms such as "feeders" were used to describe those patients who required assistance with eating their meals. The staff described how the patient dependency levels were very high and that sometimes there were two registered nurses working in the morning and at other times, there was only one nurse on.

Staff also commented that short notice absences and replacement of shifts during periods of annual leave were not being managed as per the home's protocol. Staff identified that some staff members had to work a combination of day and night shifts within the same week. A review of the duty rota evidenced that three registered nurses and four carers had worked both day and night shifts in the two week period reviewed .

These issues were discussed in detail with the registered manager during feedback at the conclusion of the inspection. The registered manager acknowledged difficulties in recruiting registered nurses and provided assurances that she would continue to provide daily support to the first floor, with regards to assisting with diarised items and facilitating care reviews. A recommendation was made.

Following a review of duty rotas, discussion with staff and patients and observation of the delivery of care; it was concluded that despite the number of staff on duty, patients' needs were not being met. The registered manager forwarded copies of the home's dependency levels after the inspection. A review of the patient dependency levels evidenced that the recommended skill mix of at least 35% and up to 65% care assistants was not being maintained, as specified in the DHSSPS Care Standards for Nursing Homes, April 2015.
A requirement was made in relation to the staffing levels.

Questionnaires

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

Questionnaire's issued to	Number issued	Number returned
Staff	10	9
Patients	5	3
Patients representatives	5	4

All comments on the returned questionnaires were in general positive. Some comments received are detailed below:

Staff

'The manager is very supportive to staff.'
'I like it here. There are very good systems in place for doing documentation.'
'I am very happy with training and continuing with e-learning to improve my skills.'

Comments that were made by staff in relation to staffing levels are outlined above. As previously stated, a requirement was made in this regard.

Patients

‘I am very happy here and with my nurse.’
‘It’s alright here.’
‘The staff are overworked.’
‘The food is good, but I get too much of it.’

One identified patient commented that he did not like the new incontinence pads and that they were uncomfortable. This was discussed with the registered manager who provided assurances that this would be addressed.

Another patient informed the inspector that they had to wait a long time to be assisted out of the small first floor dining room in the mornings and stated that they could be in the dining room from 9.30 to 11.00. The patient used the call bell in the presence of the inspector. Staff were observed to be unsure as to who had called for assistance as the call had come from a dining room. When prompted by the inspector, the patient was removed from the dining room by staff 15 minutes after requesting assistance. This was discussed with the registered manager. A recommendation was made to ensure that call bells are answered in a timely manner.

Patients’ representatives

‘I could not have asked for better care for my ….’
‘The nursing staff are very good.’
‘It would be nice to have a kettle available, so we could make …. a cup of tea, like we would if we were at home.’
‘I have no concerns whatsoever.’
‘Sometimes …. needs changing, but when I say it to the staff, they come straight away.’
‘I depend on them. There is a good atmosphere here.’
‘It is very good. We are happy.’

Care Records/Record Keeping

Deficits in care records were identified, as discussed in section 5.3 and 5.4. The review of three patient care records also evidenced that one patient did not have a consent form in place for the use of a lap belt. Two other consent forms were in place. However, one consent form did not include the patient’s name and another consent form was not completed correctly. This was discussed with the registered manager who provided assurances that this would be addressed. A recommendation was made.

Staff training

A review of staff training records evidenced that mandatory training was not completed by all staff. This was discussed with the registered manager who explained that there was a new e-learning system being implemented and that staff were given until 11 October to complete the training. A review of the regulation 29 monthly monitoring reports evidenced that this was being monitored and identified that there had been progress made in this regards. We were satisfied on this occasion that the registered manager was proactively managing staff training but compliance with mandatory training will be monitored during subsequent inspections.

Environment

A general tour of the home was undertaken which included a random sample of bedrooms, bathrooms shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean, reasonably tidy, well decorated and warm throughout.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the 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 any 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	
Requirement 1 **Ref:** Regulation 15 (2) (b) **Stated:** First time **To be Completed by:** 02 November 2015	The registered persons must ensure that staff are proactive in assessing when a patient's condition is deteriorating or when they may be entering end of life so that effective communication pathways can be put in place. **Ref: Section 5.3** **Response by Registered Person(s) Detailing the Actions Taken:** Staff have received training on the recognition of deteriorating patient, will be proactive in assessing the patient's deteriorating conditions ,care plans accordingly and effective communication pathways being maintained .
Requirement 2 **Ref:** Regulation 16 (1) **Stated:** First time **To be Completed by:** 02 November 2015	The registered persons must ensure that written care plans are completed by registered nurses, in consultation with the patient and/or their representative, to inform care delivery during the last days of life. This must include any specific religious or cultural beliefs and arrangements. **Ref: Section 5.3 and 5.4** **Response by Registered Person(s) Detailing the Actions Taken:** Nearing the end of life care period,care plans are written in consultation with the patient if they are able to make decisions /and next of kin to inform the delivery of care during the last days of life. The religious and cultural beliefs/preferences and arrangements are specifed.
Requirement 3 **Ref:** Regulation 20 (1) (c) (i) **Stated:** First time **To be Completed by:** 02 November 2015	The registered persons must ensure that all staff receive training in the care of the deteriorating patient, as relevant to their roles and responsibilities. **Ref: Section 5.4** **Response by Registered Person(s) Detailing the Actions Taken:** as per point 1 All staff have received training in the care of the deteriorating patient.
Requirement 4 **Ref:** Regulation 20 (1) (a) **Stated:** First time **To be Completed by:** 02 November 2015	The registered persons must evidently review the staffing levels in the home, to ensure that the recommended skill mix of at least 35% and up to 65% care assistants is maintained, as specified in the DHSSPS Care Standards for Nursing Homes, April 2015. **Ref: Section 5.5** **Response by Registered Person(s) Detailing the Actions Taken:** The staffing levels /appropriate skill mix of 35% Registered Nurses and 65% care assistants are maintained .

Recommendations	
Recommendation 1 **Ref:** Standard 19.1 and 19.4 **Stated:** Second time **To be Completed by:** 02 November 2015	Consideration should be given to the appointment of a continence link nurse to undertake regular audits of the management of incontinence. Follow up on previous issue. **Ref: Section 5.2** **Response by Registered Person(s) Detailing the Actions Taken:** The team leader who is the continence link nurse will complete audits of the management of incontinence
Recommendation 2 **Ref:** Standard 39 **Stated:** First time **To be Completed by:** 02 November 2015	The content of all staff training provided should be maintained in the home. **Ref: Section 5.3** **Response by Registered Person(s) Detailing the Actions Taken:** The contents training provided to staff will be maintained in the training file .
Recommendation 3 **Ref:** Standard 32.1 **Stated:** First time **To be Completed by:** 02 November 2015	A system should be implemented to evidence and validate staffs' knowledge of the policies and procedures, newly issued by the organisation, in respect of communicating effectively; and palliative and end of life care. **Ref: Section 5.4** **Response by Registered Person(s) Detailing the Actions Taken:** a record is available to evidence staff's knowledge of the newly issued policies by the organisation in respect of communicating effectively, palliative and end of life care
Recommendation 4 **Ref:** Standard 32 **Stated:** First time **To be Completed by:** 02 November 2015	Relevant information on support services should be further developed, to ensure that patients and their relatives have access to support services that are based in Northern Ireland. **Ref: Section 5.4** **Response by Registered Person(s) Detailing the Actions Taken:** Information leaflets are available regarding support services eg support for families - from other organisations NI Hospice,National Council For Palliative Careetc.

Recommendation 5 **Ref:** Standard 41 **Stated:** First time **To be Completed by:** 02 November 2015	The registered managers hours worked should be included on the duty rota and identify either management duty or working as lead nurse. **Ref: Section 5.5**
	Response by Registered Person(s) Detailing the Actions Taken: The Registered manager's hours worked are written on the duty schedule to reflect the hours worked ,in specified role
Recommendation 6 **Ref:** Standard 35.16 **Stated:** First time **To be Completed by:** 02 November 2015	The registered manager should audit the call bell response times on a regular basis. This audit should include response times at or nearing change of shifts. Actions requiring follow up should be clearly indicated with evidence of matters addressed. **Ref: Section 5.5**
	Response by Registered Person(s) Detailing the Actions Taken: The nurse call /buzzer call response time is being audited and appropriately attended. .
Recommendation 7 **Ref:** Standard 18 **Stated:** First time **To be Completed by:** 02 November 2015	The registered manager should audit the consent forms for use of lap belts, to ensure that consent forms are accurately completed and any deficits evidently addressed. **Ref: Section 5.5**
	Response by Registered Person(s) Detailing the Actions Taken: The consent forms are being accurately completed and signed by the concerned next of kin/family and staff members.

Registered Manager Completing QIP	Aleyamma George	**Date Completed**	10/11/15
Registered Person Approving QIP	Dr Claire Royston	**Date Approved**	18.11.15
RQIA Inspector Assessing Response	Aveen Donnelly	**Date Approved**	24/11/2015

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