Glenview
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Unannounced Care Inspection
of
Glenview

5 January 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 5 January 2016 from 09.45 to 16.00 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.**

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

The previous inspection of the home was an unannounced enforcement compliance inspection on 19 June 2015. This was carried out to assess compliance with two failure to comply notices, issued on 18 March 2015, in relation to infection prevention and control and the facilities and services provided to patients. Evidence was available to validate compliance with the notices. The enforcement action was taken as a result of findings from a previous care inspection carried out on 24 February 2015. A number of requirements and recommendations were subsumed into the two failure to comply notices and there were also four requirements and six recommendations made in a QIP. Compliance with these outstanding requirements and recommendations was assessed at this inspection.

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	**2**	**6**

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager, Najla Basketfield and the director, Mr Cathal Breen, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr Brendan Breen and Mrs Bernadette Breen	**Registered Manager:** Najla Basketfield
Person in Charge of the Home at the Time of Inspection: Najla Basketfield	**Date Manager Registered:** 5 November 2015
Categories of Care: NH-PH; NH-PH(E); NH-I; NH-DE	**Number of Registered Places:** 31
Number of Patients Accommodated on Day of Inspection: 27	**Weekly Tariff at Time of Inspection:** £593 - £603

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since a previous care inspection on 24 February 2015 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:

- discussion with the registered manager
- discussion with the director
- discussion with staff
- discussion with patients
- observation during an inspection of the premises
- evaluation and feedback.

The inspector met with seven patients individually and the majority of others in groups, five care staff and two registered nurses and three ancillary staff.

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 plan (QIP) from the care inspection undertaken in the previous inspection year
- the previous care inspection reports.

The following records were examined during the inspection:

- three patients' care records and a selection of daily charts
- staff duty rotas from 21 December 2015 to 10 January 2016
- staff induction records
- staff competency and capability assessments
- staff training records
- incidents and accident book
- complaints book
- compliments file
- a selection of policies and procedures
- guidance for staff in relation to palliative and end of life care
- a selection of audit records.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of Glenview was an unannounced enforcement compliance inspection on 19 June 2015. This enforcement action was taken as a result of findings from a previous care inspection on 24 February 2015. A number of requirements and recommendations were subsumed into two failure to comply notices issued on 18 March 2015. There were also four requirements and six recommendations made in a QIP. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
C/F **Ref**: Regulation 17(1)(2)(3) **Stated:** First time	The registered person must ensure that systems are maintained for reviewing the quality of nursing and other service provision in the home at least annually. A quality report of the findings should be completed and should incorporate but should not be limited to the following information: • the number of questionnaires issued to relatives and quantify the responses returned. • include the dates of staff and relatives meetings. • include information on the training completed by staff as an assurance to patients and representatives that staff receive and attend mandatory training. • a copy of the annual quality report should be submitted to RQIA upon completion.	**Partially Met**

	Action taken as confirmed during the inspection: An annual report for year ending 2014 was submitted to RQIA along with the returned QIP following the inspection on 24 February 2015. However, this did not include the required information on relatives' questionnaires, staff and relative meetings or information on staff training completed. The returned QIP stated that a relatives' meeting was to be held on 1 April 2015 and questionnaires issued. The minutes of the relatives' meeting could not be found at the inspection. The manager and director could not locate the questionnaires nor were they aware of any report produced as a result of these. They stated that these had been completed by the previous manager and agreed to return this information to RQIA by 8 January 2016. Minutes of the relatives' meeting held on 1 April 2015 and the summary report generated from the returned relatives' questionnaires were forwarded to RQIA by email on 8 January 2016. These detailed the matters discussed at the meeting and the feedback from the questionnaires. There was evidence that issues raised by relatives had been addressed. As this requirement concerned the annual report for 2014 it has not been stated again. A recommendation has been made that the annual report for 2015 is submitted to RQIA with the return of the QIP to include the outcomes of the consultation with relatives.	
Requirement 1 **Ref**: Regulation 14 (2) (c) **Stated:** First time	Bed rails used within the home must be immediately reviewed to prevent any unnecessary risks to the health and safety of patients. Bed rails should be managed in accordance with MHRA guidelines.	**Met**
	Action taken as confirmed during the inspection: All beds in the home are now profiling beds with integrated bed rails, therefore, reducing unnecessary risk to patients' health and safety. This requirement has been met.	
Requirement 2	The registered person shall make arrangements, by	**Met**

Ref: Regulation 14 (4) **Stated:** First time	training staff or by other measures, to prevent patients being harmed or suffering abuse or being placed at risk of harm or abuse. **Action taken as confirmed during the inspection**: A review of training records confirmed that the majority of staff have had training in safeguarding of vulnerable adults. It was noted that some ancillary staff had not yet received this training. The manager was reminded that this training must include any staff who work in the home even those without a direct caring role. The manager agreed to ensure that all staff received this training promptly. This requirement has been met.	
Requirement 3 **Ref**: Regulation 29 (5) (a) **Stated:** First time	The registered provider must submit the monthly regulation 29 reports to RQIA by the 5th of each month until further notice. **Action taken as confirmed during the inspection**: The registered person has submitted the regulation 29 monthly monitoring reports to RQIA each month as required. It was agreed with the director that this arrangement will continue. This requirement has been met and has not been stated again.	**Met**

Last Care Inspection Recommendations		Validation of Compliance
C/F **Ref**: Standard 5.3 **Stated:** Second time	The registered person must ensure that • when changes occur to patients' skin, body mapping charts are reviewed and updated in a timely manner • pressure cushions when sitting out of bed must be consistently documented in care plans. • records must evidence that patients are assessed at every positional change and a record of the findings of the patients' skin condition is maintained**.**	**Not Met and subsumed in to a requirement**
	Action taken as confirmed during the inspection: Two patients' care records were reviewed in relation to pressure ulcer/ wound care. In both records body maps had been reviewed and updated as required. Pressure cushions were in use for these two patients but this was only specified in one of the two patients' records. Concerns were identified in relation to pressure area and wound care. Please refer to Section 5.5.2 for further information. This recommendation has not been met and given the concerns identified at this inspection this has been subsumed into a requirement under Regulation 13 (1) (a) and (b) of the Nursing Homes Regulations (Northern Ireland) 2005.	
C/F **Ref**: Standard 5.1 **Stated:** First time	The registered person should ensure the admission policy is reviewed and updated to reflect the assessment undertaken by the acting manager.	**Met**
	Action taken as confirmed during the inspection: The admission policy had been updated and a copy sent to RQIA. This recommendation has been met.	
C/F **Ref**: Standard 12.1 **Stated:** First time	The acting manager should review practices at meal times to ensure patients are not seated in the dining room for prolonged periods of time. Advise RQIA on the action taken.	**Met**

	Action taken as confirmed during the inspection: The lunch time meal was observed in the dining room. Patients were observed to be assisted promptly to the dining room for their meal and there was no undue delay noted. This recommendation has been met.	
C/F **Ref**: Standard 17.10 **Stated:** First time	The registered person should ensure that patterns of complaints are referred to the host trust.	**Met**
	Action taken as confirmed during the inspection: The provider confirmed in the returned QIP following the inspection on 30 September 2015 that they had contacted the trust in regards to this issue. The manager confirmed that they liaised regularly with the host trust in relation to any issues. No patterns were identified upon a review of the complaints record. This recommendation has been met.	
Recommendation 1 **Ref**: Standard 10.7 **Stated:** Third time	The registered person should ensure that the home's restraint policy is revised and updated referencing and including the implications of the following: • Human Rights Legislation • DHSSPS, Deprivation of Liberty Safeguards(DOLS) • The recording of Best Interest Decisions	**Met**
	Action taken as confirmed during the inspection: A copy of the updated policy "on the use of restraint" was forwarded to RQIA with the return of the QIP following the inspection on 24 February 2015. This included reference to best practice guidelines. This recommendation has been met.	

Recommendation 2 **Ref**: Standard 25.8 **Stated:** First time	The registered person should keep RQIA informed of the Home's management arrangements and their progress in appointing a permanent, registered manager.	**Met**
	Action taken as confirmed during the inspection: A manager had been appointed and was successfully registered with RQIA on 5 November 2015. This recommendation has been met. However, the registered manager will be leaving the home in February 2016. Please refer to Section 5.5.5. for further information.	

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

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

Staff had not completed training in relation to communicating effectively with patients and their families/representatives but two registered nurses spoken with were knowledgeable and confident with this aspect of care.

Is Care Effective? (Quality of Management)

Care records reflected patient individual needs and wishes regarding the end of life care. Records included reference to the patient's 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 records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Registered nurses consulted demonstrated their ability to communicate sensitively with patients and/or representatives when breaking bad news.

Is Care Compassionate? (Quality of Care)

Registered nurses emphasised the importance of providing a private venue for any discussions. They also talked about the need to build up trusting, professional relationships with patients and their representatives.

There were detailed notes made in patients' records of conversations with patients' representatives updating them on the condition of their loved ones.

Relationships between staff and patients were observed to be friendly and professional. Care staff were observed to be responding to patients in a dignified manner. They were noted to be offering and encouraging fluids with patients.

Areas for Improvement

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

Number of Requirements:	**0**	**Number of Recommendations**:	**0**

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, (2013) and included guidance on the management of the deceased person's belongings and personal effects.

Training records evidenced that staff had completed e-learning in relation to palliative and end of life care within the last year. Registered nursing staff and care staff were aware of and able to demonstrate knowledge of the Gain Palliative Care Guidelines (2013).

Discussion with registered nurses and the manager 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.

Staff identified no issues with securing access to specialist equipment or medications.

Two registered nurses spoken with confirmed that they had received syringe driver training and were offered support by the community nursing staff to keep up their competencies with these devices. A palliative care link nurse has 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 patient's wishes and their social, cultural and religious preferences were also considered. Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements. In one record the patient had had many alterations to their analgesia and the care plan, although up to date, was difficult to read. This was discussed with the manager who agreed to have this re-written.

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

Discussion with the 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 by providing a comfortable chair and regular drinks and snacks.

A review of notifications of death to RQIA during the previous inspection year evidenced that these had been managed 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. Nursing and care staff consulted demonstrated an awareness of patient's expressed wishes and needs as identified in their care plan. The manager stated that she always offered to meet with the family of patients nearing end of life and gave them literature from Macmillan to enable them to consider and discuss arrangements for the end of life. She stated that some families had already found this information useful. For example, one family reported that it enabled them to organise the cremation of their loved one's remains and others welcomed the opportunity to consider their loved ones' wishes at end of life.

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. All staff spoken with confirmed that relatives were always welcome to sit with patients at this time. Staff also gave an example of a patient who had no family and how they sat with this patient as they neared end of life. Registered nurses stated that some of the care assistants had come in to sit with this patient on their days off.

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.

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.

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 colleagues and the management.

Information regarding support services was available and accessible for staff, patients and their relatives. These included information from the local trust, Macmillan nursing and the Bereavement Network.

Areas for Improvement

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

Number of Requirements:	**0**	**Number of Recommendations:**	**0**

5.5 Additional Areas Examined

5.5.1. Comments of Patients, patient representatives and staff

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

Patients

Many of the patients could not communicate verbally with the inspector. However, patients were observed to be well presented. In general, patients were content and most stated that they had no complaints in regards to the care provided. However, of the seven patients spoken with, three commented that staff were slow to respond to call bells and requests for the toilet. One patient stated that there was no point in pressing the call bell, particularly at night as no one would come. They stated that they were often left in wet clothing in the mornings despite pressing their call bell. Another patient described how they kept the door open so they could see staff pass and they could call them as no one seemed to answer the call bell. They explained that this made them feel very vulnerable. No call bells were heard for the duration of the inspection. This was discussed with the manager who was not aware of any complaints in this regard. A recommendation has been made that the manager urgently review patients' level of satisfaction with call bell response times and that any deficits are addressed appropriately.

Patients' representatives

No patients' representatives spoke with the inspector.

Staff

Staff were generally happy working in the home and raised no concerns. A number of the care and ancillary staff spoken with had worked in the home for over 10 years. They were of the opinion that the care provided was of a good standard and that there was a homely atmosphere. Ten questionnaires were issued to staff and none were returned.

5.5.2. Pressure ulcer/ wound care documentation

A review of care records identified some concerns with pressure ulcer and wound care.

Braden pressure ulcer risk scores were consistently recorded on a monthly basis to identify the risk of pressure ulceration. However, in one case, although the patient was identified as "high risk", no care plan was in place and no repositioning schedule had been initiated.

In another record, a care plan was in place for pressure ulcer risk but the care plan did not make reference to the required frequency of repositioning to prevent pressure ulceration. The absence of repositioning schedules resulted in position changes not being recorded nor the condition of the patients' skin documented. On discussion with two registered nurses they were unable to identify any patients who were on a repositioning schedule. Two care assistants were able to identify one patient on a repositioning schedule. On review this was only in place during the night but the entries were inconsistently completed. There is a risk that pressure ulceration may not be appropriately prevented or managed. A requirement has been made that repositioning schedules are put in place for patients identified as "at risk" of pressure ulceration and that these are consistently and accurately completed.

Pressure relieving equipment was in place for the two patients reviewed but the type of equipment in use was not consistently recorded on care plans. Registered nurses were not recording the grade of pressure ulcers in accordance with best practice guidelines, describing pressure ulcers as "skin breaks". A recommendation has been made that a validated pressure ulcer grading tool is used and an appropriate treatment plan implemented.

In two cases patients had multiple wound sites. It was not clear from the records the location of the wounds, their condition or when these had last been re-dressed. Open wound care charts were in place to enable this to be documented but these were inconsistently completed. Evidence was not available that wound care was being delivered as prescribed. A requirement has been made.

These concerns were discussed with the two registered nurses, particularly in relation to one patient. They were both unable to describe the current dressing regime for this patient. One registered nurse promptly checked the patient's skin and updated the records to reflect the location of their wounds. They stated that the current named nurse was an agency registered nurse and it was evident that the care plans had not been updated for this patient since 21 October 2015. A recommendation has been made that an individual care plan should be in place for each patient and re-evaluated in response to the patient's changing needs.

5.5.3. Complaints management

A review of the complaints record found two recent complaints. It was evident that one staff nurse had not reported a complaint in a timely manner, requiring the complainant to go to the home manager. Patients had also commented that they had made complaints in regards to various issues but there was no record of these in the complaints book. This was discussed with the manager who agreed to address this with staff. A recommendation has been made in this regard.

5.5.4. Environment

Two failure to comply notices had been issued to Glenview on 18 March 2015, in relation to infection prevention and control and the facilities and services provided for patients. The home had produced a phased refurbishment plan as a result. Observation of the premises evidenced that the refurbishment was progressing as planned. There was evidence that furniture had been repaired and seating refurbished. There are plans to build a new nursing home on the site and the responsible persons are awaiting planning permission for this. In the meantime, the director stated that work would be ongoing with the foundations and the installation of a new lift for the existing premises.

The aligned estates inspector for Glenview was informed following the inspection. The premises were found to be clean and uncluttered. Discussion with the domestic supervisor and manager evidenced that cleaning schedules were in place and tasks were signed off by the domestic staff as these were completed. Six bedrooms were deep cleaned daily and there was a detailed schedule available for cleaning duties at night and weekends. The domestic supervisor continued to meet with the domestic staff daily and supervised the standard of their work during each shift.

A review of the infection control audits showed that these were being completed regularly by the domestic supervisor. There was no evidence of management oversight of these audits or any evidence of actions taken if deficits were identified. A recommendation has been made in this regard.

5.5.5. Management arrangements

A manager had been appointed and registered by the RQIA in November 2015. However, the registered manager will be leaving the home in February 2016. The responsible persons are to keep RQIA informed of their progress in securing a new manager for the home.

Areas for Improvement

Number of Requirements:	2	Number of Recommendations:	6

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Najla Basketfield, registered manager and Cathal Breen, director, 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

Statutory Requirements	
Requirement 1 **Ref:** Regulation 12 (1) (a) (b) and (c) **Stated:** First time **To be Completed by:** 5 February 2016	The registered person shall provide treatment, and any other services to patients in accordance with the statement of purpose, and shall ensure that the treatment and other services provided to each patient – (a) meet his individual needs;. (b) reflect current best practice; and (c) are (where necessary) provided by means of appropriate aids or equipment. Repositioning schedules must be initiated appropriately, recorded accurately and indicate the frequency of repositioning required as stated in the care plan and the actual position of the patient. The use of pressure relieving equipment must be recorded in care plans and its use and effectiveness reviewed daily. **Ref: Sections 5.2 and 5.5.2**
	Response by Registered Person(s) Detailing the Actions Taken: New repositioning charts have been introduced. The importance of correct completion of the form is reinforced to all staff at handover of shift. Weekly audits of the repositioning charts have been commenced. As a result of these audits supervision sessions have been arranged to reaffirm the importance of good accuracy when completing documentation An audit of all care plans has benn acrried out and we are in the process of updating them to include details of any pressure relieving equipment used
Requirement 2 **Ref:** Regulation 13 (1) (a) and (b) **Stated:** First time **To be Completed by:** 5 February 2016	The registered person shall ensure that the nursing home is conducted so as – (a) to promote and make proper provision for the nursing, health and welfare of patients; (b) to make proper provision for the nursing and where appropriate, treatment and supervision of patients. Evidence must be available that pressure ulcer/ wound care is delivered as prescribed and documented appropriately. **Ref: Sections 5.2 and 5.5.2**
	Response by Registered Person(s) Detailing the Actions Taken: A new Wound Care Folder has been introduced. The file contains weekly dressing planner, individual body maps for each resident, up to date care plans and wound care records for each resident and an evaluation sheet that is to be completed each time dressing is changed.

	The folder also contains a copy of EPUAP classification of wounds, to be used as a reference tool. A weekly review of the wound care folder is undertaken by the Manager/Nurse in charge.

Recommendations	
Recommendation 1 **Ref**: Standard 35, criterion 16 **Stated:** First time **To be Completed by:** 29 February 2016	The registered person should return a copy of the annual report for 2015 to RQIA with the return of the QIP. This should include the outcomes of consultation with relatives. **Ref: Section 5.2**
	Response by Registered Person(s) Detailing the Actions Taken: This report will follow seperately.
Recommendation 2 **Ref**: Standard 16 **Stated:** First time **To be Completed by:** 5 February 2016	The registered manager should review with urgency the patients' level of satisfaction with call bell response times. Any areas of dissatisfaction should be actioned accordingly. **Ref: Section 5.5.1**
	Response by Registered Person(s) Detailing the Actions Taken: A random check of call back response times has now been commenced. An audit tool will be devised. Night time checks will also be commenced during Night visits, which have been arranged.
Recommendation 3 **Ref**: Standard 23, criterion 3 **Stated:** First time **To be Completed by:** 5 February 2016	A validated pressure damage grading tool should be used to identify pressure ulceration and an appropriate treatment plan implemented. **Ref: Section 5.2 and 5.5.2**
	Response by Registered Person(s) Detailing the Actions Taken: The EPUAP Classification document has been placed in the Wound Care Folder. A new wound care record has also been introduced which has coloured images of different grades of wounds.
Recommendation 4 **Ref**: Standard 4 **Stated:** First time **To be Completed by:** 5 February 2016	An individual care plan should be in place for each patient and re-evaluated in response to the patient's changing needs. **Ref: Section 5.5.2**
	Response by Registered Person(s) Detailing the Actions Taken: Updated individual care plans have been compiled and are evaluated each time the wound is dressed. They are contained in the Wound Care Folder.
Recommendation 5 **Ref**: Standard 16 **Stated:** First time **To be Completed by:** 29 February 2016	All complaints should be taken seriously and dealt with promptly and effectively. Staff should know how to receive and deal with complaints. **Ref: Section 5.5.3**
	Response by Registered Person(s) Detailing the Actions Taken: Supervision sessions have been planned for Trained Staff to discuss the complaints policy and the correct way to deal with any complaint

	regardless of the severity.

Recommendation 6 **Ref**: Standard 46, criterion 3 **Stated:** First time **To be Completed by:** 29 February 2016	There should be evidence provided that the finding of infection prevention and control audits are discussed with the manager and any deficits appropriately addressed. **Ref: Section 5.5.4**
	Response by Registered Person(s) Detailing the Actions Taken: A new audit form has been introduced. The domestic supervisor and Manager review findings and they are adressed with an action plan and signed off by the manager.

Registered Manager Completing QIP	Debra Hawthorne	**Date Completed**	17.02.16
Registered Person Approving QIP	Brendan Breen	**Date Approved**	18.02.16
RQIA Inspector Assessing Response	Karen Scarlett	**Date Approved**	26.02.16

Please ensure this document 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:

QIP completed by newly appointed acting manager