



The Regulation and
Quality Improvement
Authority

Chestnut Lodge
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Benburb
Dungannon
BT71 7NH

Inspector: Dermot Walsh
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**Unannounced Care Inspection
of
Chestnut Lodge**

21 January 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 21 January 2016 from 10.00 to 17.30.

The focus of this inspection was continence management which was underpinned by selected criteria from:

Standard 4: Individualised Care and Support
Standard 6: Privacy, Dignity and Personal Care
Standard 21: Health Care
Standard 39: Staff Training and Development

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

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Please also refer to sections 5.2 and 6.2 of this report.

For the purposes of this report, the term 'patients' will be used to describe those living in Chestnut Lodge 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 20 May 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	1	10*

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

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager, Paul Gildernew, 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: Mr Paul Gildernew
Person in Charge of the Home at the Time of Inspection: Mr Paul Gildernew	Date Manager Registered: 17 July 2013
Categories of Care: RC-MP(E), NH-PH, RC-I, RC-MP, NH-I, NH-DE	Number of Registered Places: 40
Number of Patients Accommodated on Day of Inspection: 31	Weekly Tariff at Time of Inspection: £470 - £637

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the selected criteria from the following standards have been met:

- Standard 4: Individualised Care and Support, criterion 8**
Standard 6: Privacy, Dignity and Personal Care, criteria 1, 3, 4, 8 and 15
Standard 21: Health Care, criteria 6, 7 and 11
Standard 39: Staff Training and Development, criterion 4

4. Methods/Process

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

- discussion with the registered manager
- discussion with patients
- discussion with patient representatives
- discussion with staff
- review of a selection of records
- observation during a tour of the premises
- evaluation and feedback

The inspector met with 15 patients individually, three patient representatives, three care staff, two ancillary staff member and two registered nursing 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 plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report

The following records were examined during the inspection:

- a sample of staff duty rotas
- staff training records
- staff induction templates for registered nurses and care assistants
- competency and capability assessments for the nurse in charge
- three care records
- selection of personal care records
- a selection of policies and procedures
- incident and accident records
- care record audits
- regulation 29, monthly monitoring reports file
- guidance for staff in relation to continence care
- records of complaints

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced estates inspection dated 3 June 2015. The completed QIP was returned and approved by the estates inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection dated 20 May 2015.

Last Care Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that the nursing home is conducted so as to promote and make proper provision for the nursing, health and welfare of patients. This requirement is made in regard to the maintenance of patients fluid balance charts.</p> <p>Patients recommended daily fluid targets should be recorded in their care plans on Eating and Drinking. Action to be taken if the target is not achieved should also be recorded.</p> <p>The patient's total fluid intake should also be recorded in the evaluation of care provided to patients.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and staff confirmed there were no patients in the home currently of concern requiring a fluid intake to be monitored. However, both the registered manager and staff were knowledgeable regarding the importance of fluid intake. Staff were aware of the signs and symptoms of dehydration and the need to commence a fluid intake chart should any concerns be raised.</p>	

<p>Requirement 2</p> <p>Ref: Regulation 16 (1) (2) (a) (b) (c) (d)</p> <p>Stated: First time</p>	<p>In respect of two identified patients, the registered person shall ensure that, a written nursing plan is prepared by a nurse in consultation with the patient or patient's representative as to how the patient's needs in respect of his health and welfare are to be met.</p> <p>The patients' named nurse and palliative care link nurse for the home must review and update the care plans for palliative and end of life in relation to identified barriers to communication, and how they are addressed, the management of hydration and nutrition, pain assessment and management and overall symptom management.</p> <p>Social cultural and religious preferences and death and dying arrangements must also be considered and included for one identified patient.</p> <p>Action taken as confirmed during the inspection: The two identified patients no longer reside in the home. Assurances were provided by the registered manager that both care files were reviewed and updated as required.</p>	<p>Met</p>
<p>Last Care Inspection Recommendations</p>		<p>Validation of Compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>Effective systems should be developed to inform patients' representatives' and next of kin of the name of their relative's named nurse.</p> <p>Ref: 5.3</p> <p>Action taken as confirmed during the inspection: All patients within Chestnut Lodge have been assigned a named nurse. The name of the nurse can be located within a notice on the wall in the patient's bedroom.</p>	<p>Met</p>

<p>Recommendation 2</p> <p>Ref: Standard 36</p> <p>Stated: First time</p>	<p>The registered person should ensure that policies and procedure on communicating effectively should be developed in accordance with guidelines such as Breaking Bad News.</p> <p>Policy documents for palliative and end of life care should reference best practice guidance such as the Gain Palliative Care Guidelines, November 2013, and information in relation to effective pain management.</p> <p>The registered manager should ensure that policy documents are available at all times, accessible to and understood by staff and embedded into staff practice.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Policies on the subjects above have been reviewed and are now available to staff and reflect current guidelines.</p>		
<p>Recommendation 3</p> <p>Ref: Standard 39</p> <p>Stated: First time</p>	<p>The registered persons should ensure and confirm to RQIA that staff are trained for their roles and responsibilities in:</p> <ul style="list-style-type: none"> • communication, including the procedure for breaking bad news; • palliative care and end of life training; and • nursing staff using equipment such as a syringe driver, have received training and have received regular updates on their use. <p>The registered manager must ensure that the content of training programmes are maintained in the home at all times and are available for inspection.</p>	<p>Not Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Training on the topics above had not taken place from the date of the last inspection.</p>		

<p>Recommendation 4</p> <p>Ref: Standard 32</p> <p>Stated: First time</p>	<p>The registered persons should develop a formalised standard operating procedure for obtaining drugs and specialist equipment for patients receiving palliative care/end of life care, and this should be made available to all nursing staff.</p>	Not Met
<p>Action taken as confirmed during the inspection:</p> <p>A standard operating procedure had not been developed. This was discussed with the registered manager and an assurance was given that a standard operating procedure as indicated above would be developed for staff to make reference too.</p>		
<p>Recommendation 5</p> <p>Ref: Standard 16</p> <p>Stated: First time</p>	<p>The registered manager should ensure the outcome of a safeguarding investigation is recorded in one complaint record, to enable the complaint investigation to be effectively closed.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>The outcome of the safeguarding investigation was recorded within the complaint record and the complaint investigation was closed.</p>		
<p>Recommendation 6</p> <p>Ref: Standard 34</p> <p>Stated: First time</p>	<p>The registered persons should ensure the statement of purpose is reviewed and updated to reflect name changes for the responsible individual, and in accordance with Care Standards, RQIA are informed of any revision within 28 days.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>A review of the statement of purpose evidenced the correct name of the responsible individual. RQIA have been informed of the named responsible person.</p>		
<p>Recommendation 7</p> <p>Ref: Standard 44</p> <p>Stated: First time</p>	<p>The registered manager should ensure that, all spaces in the nursing home, are only used for the purpose for which they are registered, and where a change of use of a sitting room is proposed, RQIA is informed and a variation is submitted.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager confirmed that all areas within the nursing home are being used for the purpose which they were registered. There is currently no proposed change to the named sitting room above.</p>		

<p>Recommendation 8</p> <p>Ref: Standard 46</p> <p>Stated: First time</p>	<p>The registered manager must ensure there is a managed environment which minimises the risk of infection for patients and staff, and effective action is taken to address the following:</p> <ul style="list-style-type: none"> • the extractor fan in one identified toilet is cleaned • one non slip bathmat is risk assessed and consideration is given to using disposable bathmats to minimise infection risks • the underside of one identified shower chair should be cleaned • cracked tiles on the window ledge of one bathroom should be replaced 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Observation during a tour of the premises evidenced the areas identified above had been addressed. However, following the tour of the premises, a new recommendation is made to ensure a more robust system is developed to ensure compliance in infection prevention and control. See section 5.4.2 for further clarification.</p>		

Areas for Improvement

Staff should be trained for their roles and responsibilities in communication; palliative care and the use of specialist equipment such as syringe drivers.

A formalised standard operating procedure for obtaining drugs and specialist equipment for patients receiving palliative care/end of life care should be developed.

Number of Requirements:	0	Number of Recommendations:	2
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5.3 Contenance Management

Is Care Safe? (Quality of Life)

Policies and procedures dated October 2015 were in place to guide staff regarding the management of continence. Policies reviewed focused on Promotion of Continence; Catheter Care and Bowel Care.

Best practice guidance on continence care was available in the home for staff to consult from the Royal College of Nursing (RCN); British Geriatric Society (BGS) and National Institute for Health and Clinical Excellence (NICE).

These included:

- Improving Continence Care for Patients (RCN)
- Continence Care in Care Homes (RCN)
- Privacy and Dignity in Continence Care (BGS)
- Urinary Incontinence (NICE)

However, discussion with five staff evidenced that none of the staff consulted were aware of any continence guidelines present within the home. Two of the five staff consulted were aware of continence policies. A recommendation was made.

Discussion with the registered manager and staff and a review of the training records confirmed that staff had received training in continence product management and further training has been arranged for February 2016. However, it was noted through discussion with staff and the registered manager, that care assistants had not received training in catheter care. A recommendation was made.

Discussion with the manager and staff confirmed there were two registered nurses trained in performing urinary catheterisation. One of the registered nurses was deemed competent in performing catheterisation and the second nurse was identified as requiring an update training session.

Staff were knowledgeable about the important aspects of continence care including the importance of dignity, privacy and respect as well as skincare, hydration and reporting of any concerns.

Observation during the inspection and discussion with staff evidenced that there were adequate stocks of continence products available in the nursing home.

A continence link nurse had been identified for the home.

Is Care Effective? (Quality of Management)

Review of three patients' care records evidenced that a continence assessment was in place for each patient. This assessment clearly identified the patient's continence needs. A care plan was in place to direct the care to adequately meet the needs of the patients. However, the specific type of continence product the patient required was not recorded in either the continence assessment or care plan. A recommendation was made.

There was evidence in two of the three patients' care records reviewed that Malnutrition Universal Screening Tool (MUST) risk assessments had not been reviewed consistently on a monthly basis. One assessment was last scored in September 2015. A recommendation was made.

Three continence care plans had been reviewed and updated on a monthly basis or more often as deemed appropriate. There was evidence within the care records of patient and/or representative involvement in the development of the care plans.

Bowel assessments had been completed in the three patient care records reviewed. Records relating to the management of bowels were reviewed which evidenced that staff made reference to the Bristol Stool Score.

Records reviewed evidenced that urinalysis was undertaken as required and patients were referred to their GPs appropriately.

Is Care Compassionate? (Quality of Care)

During the inspection staff were noted to treat the patients with dignity and respect. Good relationships were very evident between patients and staff. Staff were observed to respond to patients' requests promptly. Patients confirmed that they were happy in the home and that staff were kind and attentive.

Patients who could not verbally communicate appeared well presented and displayed no signs of distress. The patients appeared comfortable in their surroundings.

Areas for Improvement

Staff in the home should be made aware of the continence policies and guidelines within the home.

Training on catheter care should be sourced for care assistants.

The specific continence products required to meet the continence needs of the patient should be identified in the continence assessment and care plan.

MUST assessments should be reviewed at minimum monthly and the MUST score recorded within the patient care records.

Number of Requirements:	0	Number of Recommendations:	4
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5.4 Additional Areas Examined

5.4.1 Consultation with Patients, Representatives and Staff

During the inspection process, 15 patients individually, three patient representatives, three care staff, two ancillary staff member and two registered nursing staff were consulted with to ascertain their personal view of life in Chestnut Lodge. The feedback from the patients, representatives and staff indicated that safe, effective and compassionate care was being delivered in Chestnut Lodge.

Some patients' comments received are detailed below:

'It's great. The staff make you happy.'

'I don't mind it here.'

'The food is good.'

Three patient representatives consulted were positive in their experience of Chestnut Lodge.

Some representative comments received are detailed below:

'We are made to feel very welcome.'

'It's always very clean.'

'It's very comfortable here.'

The view from staff during conversations was that they took pride in delivering safe, effective and compassionate care to patients.

Some staff comments received are detailed below:

'I really enjoy working here.'

'I love it here.'

'I think it's great.'

'I love the elderly.'

5.4.2 Infection Prevention and Control and the Environment

A tour of the home confirmed that rooms and communal areas were generally clean and spacious. However, a range of issues were identified within the homes which were not managed in accordance with infection prevention and control guidelines:

- inappropriate storage in identified rooms
- identified chair ripped
- rusting shower chair in use
- unidentified shower gels in bathroom
- hairbrush left in toilet area
- clinical waste bin bags not replaced after being removed from the bin
- uncovered bin in use in communal area

The above issues were discussed with the registered manager on the day of inspection. An assurance was provided by the registered manager that these areas would be addressed with staff to prevent recurrence. A recommendation was made that management systems are put in place to ensure compliance with best practice in infection prevention and control.

An identified garden area to the rear of the home was overgrown and unable to be used by patients in its current condition. A recommendation is made for this area to be developed to make it safe and allow for enhancement of the patient experience in Chestnut Lodge.

5.4.3 Fire Procedures

During the inspection the fire alarm unexpectedly sounded. All staff quickly reported to the agreed meeting area. The registered manager clearly directed the response to the fire alarm. All patients were accounted for. At risk patients were quickly identified and staff appointed to stay with them. The maintenance man checked the zone in which the fire was indicated. No visible fire was present. The cause of the alarm was thought to be a faulty smoke alarm. However, the fire brigade responded to the call to confirm the cause which was a faulty smoke alarm. The smoke alarm was replaced within hours of the alarm. Staff were observed to react in a calm manner throughout the alarm. The response to the fire alarm was observed to be commendable.

5.4.4 Topical Preparations

During a tour of the premises, two topical preparations were viewed in two separate patients' rooms. The labels on the preparations did not match the named patient in the rooms. A recommendation was made that topical preparations are only used to treat the patient the preparation was prescribed for.

5.4.5 Documentation

A review of three patient care records evidenced that one assessment of patient's needs had not been reviewed from 23 January 2014. A requirement was made.

A review of three patient care records of patients assessed to require assistance with continence needs, did not consistently evidence that skin checks had occurred and/or the condition of the patients' skin on checking. A recommendation has been made.

Areas for Improvement

A more robust system of ensuring compliance with infection prevention and control should be developed.

The identified garden area should be developed to make it safe and allow for enhancement of the patient experience in Chestnut Lodge.

Topical preparations should only be used for the patient who the preparation is prescribed.

All assessment of patient needs must be reviewed not less than annually.

Patient care records, for patients who require assistance with continence, should evidence regular skin checks and the condition of the patients' skin upon checking.

Number of Requirements:	1	Number of Recommendations:	4
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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 the registered manager, Paul Gildernew, 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 15 (2)
(b)

Stated: First time

To be Completed by:
31 March 2016

It is required that the assessment of patients' needs are revised as required but not less than annually.

Ref: Section 5.4.5

Response by Registered Person(s) Detailing the Actions Taken:
Following the recent care inspection a nurse meeting was convened ,all residents were allocated a named nurse who will be completing residents assessment of needs and revised annually.This can be quality assured by the use of the weekly residents care traca which reviews the care documentation for each resident .

Recommendations

Recommendation 1

Ref: Standard 39

Stated: Second time

To be Completed by:
31 May 2016

The registered persons should ensure and confirm to RQIA that staff are trained for their roles and responsibilities in:

- communication, including the procedure for breaking bad news;
- palliative care and end of life training; and
- nursing staff using equipment such as a syringe driver, have received training and have received regular updates on their use.

The registered manager must ensure that the content of training programmes are maintained in the home at all times and are available for inspection.

Ref: Section 5.2

Response by Registered Person(s) Detailing the Actions Taken:
All nursing staff currently completing palliative and end of life training via e learning. training for nurses arranged for 2/3/16 regarding the use of syringe driver and communication for breaking bad news.A register of this training will be will be retained in the home.

Recommendation 2

Ref: Standard 32

Stated: Second time

To be Completed by:
31 March 2016

The registered persons should develop a formalised standard operating procedure for obtaining drugs and specialist equipment for patients receiving palliative care/end of life care, and this should be made available to all nursing staff.

Ref: Section 5.2

Response by Registered Person(s) Detailing the Actions Taken:
Standard operating procedure in place for obtaining specialised palliative /end of life drugs and equipment.All nurse's to receive supervision on same and a written copy of procedure to be kept in nurses station.

<p>Recommendation 3</p> <p>Ref: Standard 36</p> <p>Stated: First time</p> <p>To be Completed by: 31 March 2016</p>	<p>All registered and care staff should be made aware of the homes continence guidelines and policies.</p> <p>Ref: Section 5.2</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: All staff to be made aware of continence guidelines and policies. Staff to sign a register when all documentation has been read.</p>
<p>Recommendation 4</p> <p>Ref: Standard 39 Criteria (4)</p> <p>Stated: First time</p> <p>To be Completed by: 30 April 2016</p>	<p>Training on catheter management should be sourced and made available to care assistants in the home.</p> <p>Ref: Section 5.2</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: Catheter training and management arranged for 25/02/16-FSHC infection control officer to attend training.</p>
<p>Recommendation 5</p> <p>Ref: Standard 4 Criteria (1) (7)</p> <p>Stated: First time</p> <p>To be Completed by: 31 March 2016</p>	<p>It is recommended that patients' continence assessments and care plans are fully completed and include the specific continence products required by the patient.</p> <p>Ref: Section 5.3</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: Nursing staff advised to complete all continence assessments and include which products used in person centered care plan.deputy and home manager to check all care plans of existing residents and new admissions.</p>
<p>Recommendation 6</p> <p>Ref: Standard 12 Criteria (4)</p> <p>Stated: First time</p> <p>To be Completed by: 31 March 2016</p>	<p>It is recommended that MUST scores should be calculated for each patient, depending on the patients' assessed need and recorded within the patient's care record not less than monthly.</p> <p>Ref: Section 5.3</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: All must scores completed as per policy and on an ongoing basis with the aid of the resident care traca ,this will be monitored..</p>

<p>Recommendation 7</p> <p>Ref: Standard 46 Criteria (1) (2)</p> <p>Stated: First time</p> <p>To be Completed by: 31 March 2016</p>	<p>It is recommended that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home.</p> <p>Particular attention should focus on the areas identified on inspection.</p> <p>Ref: Section 5.4.2</p>		
	<p>Response by Registered Person(s) Detailing the Actions Taken: Attention to areas addressed during inspection ongoing-Monthly audits being carried out by link member of staff and an action plan implemented to comply with best practice.</p>		
<p>Recommendation 8</p> <p>Ref: Standard 43 Criteria (11)</p> <p>Stated: First time</p> <p>To be Completed by: 31 May 2016</p>	<p>The identified garden area should be developed to make it safe and allow for enhancement of the patient experience in Chestnut Lodge.</p> <p>Ref: Section 5.4.2</p>		
	<p>Response by Registered Person(s) Detailing the Actions Taken: Discussion with fshc senior management regarding the garden ongoing.</p>		
<p>Recommendation 9</p> <p>Ref: Standard 28 Criteria (1)</p> <p>Stated: First time</p> <p>To be Completed by: 29 February 2016</p>	<p>Topical preparations should only be administered to the patient for whom they are prescribed.</p> <p>Ref: Section 5.4.4</p>		
	<p>Response by Registered Person(s) Detailing the Actions Taken: All topical preparations in residents rooms correct and all staff informed that right medication for right patient always must be implemented.this will be monitored with weekly spot checks which will be cross referenced with prescription and marr sheets by home manager and deputy.Supervision regarding the use of topical medication and the completion of Tmar forms with nursing and care staff planned.</p>		
<p>Recommendation 10</p> <p>Ref: Standard 4 Criteria (9)</p> <p>Stated: First time</p> <p>To be Completed by: 31 March 2016</p>	<p>It is recommended that patient care records should contain documented evidence of skin inspection of pressure areas undertaken.</p> <p>Ref: Section 5.4.5</p>		
	<p>Response by Registered Person(s) Detailing the Actions Taken: Supervision ongoing with carers regarding documented evidence of skin inspection of pressure areas.At the end of each day nursing staff will check and sign repositioning charts .</p>		
<p>Registered Manager Completing QIP</p>	<p>Paul Gildernew</p>	<p>Date Completed</p>	<p>18.2.16</p>
<p>Registered Person Approving QIP</p>	<p>Dr Claire Royston</p>	<p>Date Approved</p>	<p>02.03.16</p>
<p>RQIA Inspector Assessing Response</p>	<p>Dermot Walsh</p>	<p>Date Approved</p>	<p>08.03.16</p>

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