



The Regulation and  
Quality Improvement  
Authority

Inspector: Lorraine Wilson  
Inspection ID: IN022792

Chestnut Lodge  
RQIA ID: 1479  
47 Carrickaness Road  
Benburb  
Dungannon  
BT71 7NH

Tel: 028 3754 8706  
Email: [chestnut.lodge@fshc.co.uk](mailto:chestnut.lodge@fshc.co.uk)

**Unannounced Care Inspection  
of  
Chestnut Lodge**

**20 May 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 20 May 2015 from 10.00 to 18.00 hours.

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

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

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

For the purposes of this report, the term 'patients' will be used to describe those living in Chestnut Lodge which provides both nursing and residential care. There were however no residents' living in the home, on the day of inspection.

### 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 23 June 2014.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	8

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

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Dr Maureen Royston	<b>Registered Manager:</b> Mr Paul Gildernew
<b>Person in Charge of the Home at the Time of Inspection:</b> Staff Nurse Arlene McGuigan and Mr Paul Gildernew from 12 00 midday.	<b>Date Manager Registered:</b> 17 July 2013
<b>Categories of Care:</b> RC-MP(E), NH-PH, RC-I, RC-MP, NH-I, NH-DE	<b>Number of Registered Places:</b> 40
<b>Number of Patients Accommodated on Day of Inspection:</b> 31 + 2 Day Care Patients	<b>Weekly Tariff at Time of Inspection:</b> £528.00- £637.00

## 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).**

The inspection also sought to assess progress with the issues raised during and since the previous inspection.

## 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 (QIP) from inspections undertaken in the previous inspection year; and
- the previous care inspection report.

During the inspection, the inspector met with 24 patients, one registered nurse, four care staff, the cook and the administrator, and one visitor.

The following records were examined during the inspection:

- validation of evidence linked to the previous QIP;
- the staff duty rota;
- two patient care records;
- records of accident/notifiable events;
- staff training records;
- staff induction records;
- records of competency and capability of the registered nurse in charge of the home in the absence of the registered manager;
- policies for communication, death and dying, and palliative and end of life care;
- statement of purpose; and
- monthly monitoring reports completed by the regional manager from November 2014 to March 2015.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 24 February 2015. The completed QIP was returned and approved by the pharmacy inspector. Further validation of compliance will be followed up by the pharmacist inspector in due course.

### 5.2 Review of Requirements and Recommendations from the last care inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref: Regulation 20 (1) (c) (i)</b>  <b>Stated: First time</b>	The registered person shall ensure that staff as appropriate are trained in Dysphagia.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  The inspector reviewed training records which confirmed that 19 staff had received dysphagia training.	

Last Care Inspection Statutory Requirements	Validation of Compliance
<p><b>Requirement 2</b></p> <p><b>Ref: Regulation 13 (1) (a)</b></p> <p><b>Stated: First time</b></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. 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><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector reviewed fluid intake records for two patients and was unable to evidence that patients recommended daily fluid targets were recorded in their care plans on eating and drinking, or that the total fluid intake was consistently recorded in the evaluation of care for both patients.</p> <p>The action taken when the target fluid was not achieved was not recorded.</p> <p>The inspector was not assured that this requirement was met and it is stated again for a second time.</p> <p>A timescale for addressing this deficit was agreed with the registered manager. A follow up phone call was made by the inspector post inspection to discuss the progress made and confirmation was provided that the matters were addressed. This was also confirmed in an email submitted from the registered manager which confirmed that the palliative care link nurse had reviewed the two identified care files with the patients' named nurse, and both care records had been audited by the registered manager and regional manager to ensure the records reflected a patient centred approach which accurately reflected patients' needs.</p> <p>The progress made in effectively addressing fluid</p>

Not Met

	management will be verified during the next care inspection.	
Last Care Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 3</b>  <b>Ref: Regulation 27 (2) (d)</b> <b>Regulation 13 (7)</b>  <b>Stated: First time</b>	The registered person shall ensure that the carpet in the Oak day room is replaced.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>	
	The inspector evidenced that replacement flooring was in place.	
Last Care Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref: Standard 5.3</b>  <b>Stated: First time</b>	It is recommended that written evidence is maintained in patients care records to indicate that discussions had taken place with patients and their representatives in regard to planning and agreeing nursing interventions.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>	
	In two care records examined there was evidence of some discussions held with patients in regard to planning and agreeing nursing interventions. Further improvements are needed in respect of discussions regarding palliative care and these are addressed within this report.	

### 5.3 Standard 19 - Communicating Effectively

#### Is Care Safe? (Quality of Life)

A policy and procedure on communicating effectively which reflected current best practice, including regional guidelines on Breaking Bad News was not available on the day of inspection.

The registered manager and three staff consulted confirmed that communication training was provided by the company via e-learning. A sampling of training records evidenced that not all staff had completed training in relation to communicating effectively with patients and their families/representatives. This training should be provided to include the procedure for breaking bad news as relevant to all staff roles and responsibilities.

Discussion with five staff confirmed that face to face training on end of life care was due to be provided, incorporating training on communicating effectively. Details of the training dates



were displayed; however the training programme was not available for inspection on the day of inspection.

The competency and capability assessment for the nurse in charge of the home was reviewed and included a designated section on effective communication which refers to communication with patients and relatives and keeping them involved in planning of care as well as effective communication with the multi-professional team.

### **Is Care Effective? (Quality of Management)**

Two care records reviewed did not adequately reflect patient individual needs and wishes regarding end of life care.

Whilst one care record reviewed included information on communication difficulties experienced by the patient, the other record did not include reference to the patient's specific communication needs.

There was evidence within the two care records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet some of the patients' assessed needs. A review of both patients' records evidenced that the needs assessment for palliative and end of life care had not been completed.

One registered nurse consulted demonstrated their ability to communicate sensitively with patients and/or representatives when breaking bad news. The nurse advised they would speak clearly but sensitively with the patient and or representative, allowing them time to take in the information, checking the patient's /representative's understanding of the information provided and affording time for patients and or representatives to ask questions.

Four care staff confirmed that whilst they were never involved in breaking bad news to patients, they had experience providing support to patients who had received bad news, for example, when it was relayed to the patient that no further medical treatment was to be provided.

### **Is Care Compassionate? (Quality of Care)**

The delivery of care and many staff interactions with patients were observed during periods throughout the inspection. Staff were observed treating patients' with dignity and respect and using appropriate tones when responding to their needs. A patient in their bedroom was observed calling out for assistance; a care assistant was observed assisting the patient sensitively and redirecting the patient's anxieties in a very professional way.

The inspection process allowed for consultation with 24 patients. Overall patients confirmed satisfaction with the care delivered, confirming that they felt safe in Chestnut Lodge and staff were polite and courteous. Some of the patients consulted discussed their care and treatment and demonstrated good insight into their condition. There were no issues or concerns raised by patients.

One relative consulted discussed care delivery with the inspector, confirming that overall they were mostly satisfied with standards maintained in the home. They indicated that whilst the staff who worked in the home were very good, they had observed occasions when staff shortages had impacted on the delivery of care to their relative. An example was provided

whereby agreed personal care was not consistently delivered. The relative confirmed they were planning to discuss the specific issues with the registered manager.

The relative who was the patient's nominated next of kin was unaware of who their relative's named nurse was. This information is essential to enable patients' representatives' to be involved where applicable in the assessment, planning and review of care for their relative.

A number of compliment cards were received from family members of former patients, and details of a specific award which had been received by the home in 2014 for the care and attention provided to a former named patient was displayed.

### **Areas for Improvement**

Care records of two patient' receiving palliative care were not fully completed and important aspects in relation to palliative and end of life care were missing. The care records must be reviewed and updated to ensure they are effectively completed and identified barriers to communication, and how they are addressed should also be included.

One relative consulted was unaware of who their relative's named nurse was. Effective systems should be developed to inform next of kin of the name of their relative's named nurse.

A policy and procedure on communicating effectively should be developed in accordance with guidelines such as Breaking Bad News, regional guidance, and be available for inspection.

Staff training in communication should include the procedure for breaking bad news as relevant to staff roles and responsibilities, and the training programme delivered should be available for inspection

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>3</b>
--------------------------------	----------	-----------------------------------	----------

## **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 presented during the inspection. These documents do not as yet reflect best practice guidance such as the Gain Palliative Care Guidelines, November 2013, or information in relation to effective pain management.

Training records evidenced that a registered nurse no longer in employment with FSHC had attended training on a Regional Palliative and End of Life Learning Programme for Nursing Homes in 2014.

The home has an identified palliative care link nurse who attends Trust Link Meetings. There was however, little evidence that information obtained during meetings had been shared with staff, and arrangements for sharing knowledge obtained should be implemented.



The registered manager confirmed that face to face training on Palliative/End of life Care for nursing and care staff was due to commence on 22–29 May 2015. Confirmation should be provided that all nursing and care staff have completed the training.

Discussion with the registered manager and one registered nurse confirmed that arrangements were in place for staff to make referrals to specialist palliative care services.

Discussion with the registered manager, five staff and a review of two care records evidenced that staff were mostly proactive in identifying when a patient's condition was deteriorating or nearing end of life. There were however areas for further improvement identified in respect of care records to ensure patients' needs were being met.

A registered nurse discussed the protocol for timely access to specialist equipment or drugs which was in place; however, no formalised record of the protocol was available. A standard operating procedure should be developed and made available to all nursing staff. This will ensure nursing staff have information in relation to the local arrangements in place for accessing drugs or specialist equipment.

The registered manager confirmed that if required they are able to source a syringe driver via the community nursing team. The registered manager had previously attended training in relation to syringe drivers which was organised by the host trust. As previous training took place in 2013 an update is now required, and should also be provided to nursing staff prior to nursing patients with a syringe driver in use.

### **Is Care Effective? (Quality of Management)**

A review of two care records evidenced that patients' needs for palliative and end of life care had not been effectively assessed and reviewed on an ongoing basis. Improvements were needed in relation to the management of hydration and nutrition, pain assessment, pain management and symptom management.

The concerns in respect of these two care records were discussed with the registered manager during the inspection. It was agreed that the care records would be reviewed within an agreed timescale by the patients' named nurse and palliative care link nurse for the home and in consultation with patients' and their representatives. Post inspection, RQIA have received confirmation that the care records have been updated as agreed and have been also been audited by the registered manager and regional manager for the company. This prompt response is acknowledged. The requirement made will be verified during the next care inspection of the home.

There was some evidence that patients' wishes and their social, cultural and religious preferences had been considered. In one care record examined discussion between the patient, their representatives and staff in respect of death and dying arrangements had been recorded, however, the information was not clearly evidenced in the second record reviewed.

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

Discussion with the manager, five staff and a review of two 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.

Staff confirmed that a designated room is made available for family members to spend extended periods with their loved ones during the final days of life. Meals, snacks and emotional support are provided by the staff team.

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

### **Is Care Compassionate? (Quality of Care)**

Discussion with five staff and a review of one care record evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding end of life care.

The staff consulted demonstrated an awareness of patient's expressed wishes and needs as identified in their care plan.

As stated previously arrangements are in place 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 patient.

From discussion with the manager, five 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.

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death. The staff confirmed that it was practice for staff to form a guard of honour as the deceased patient was moved from the home by funeral directors. This enabled staff to pay their respects to the patient. Staff also confirmed that good support networks were in place and staff were provided with opportunities to receive support following the death of a patient. One staff member commended the manager for supporting staff following the death of a patient.

Information regarding support services produced by Four Seasons Healthcare was observed on display and was accessible for staff, patients and their relatives. The information included, leaflets on "Advice on Bereavement" and "Let's talk about what to do, if someone you know has been bereaved."

## Areas for Improvement

Policy documents do not reflect best practice guidance such as the Gain Palliative Care Guidelines, November 2013, or information in relation to effective pain management.

Arrangements should be implemented, to ensure information obtained during palliative care link nurse meetings is shared with staff working in the home.

Confirmation should be provided that all nursing and care staff have completed palliative care and end of life training, and training on the management of syringe drivers has been completed by nursing staff.

To ensure two patients' needs were being met, improvements were urgently needed in recording palliative care and end of life care needs in a person centred way.

A formalised standard operating procedure for obtaining drugs and or specialist equipment for patients receiving palliative care/end of life care should be developed and made available to all nursing staff.

<b>Number of Requirements:</b> *One requirement has been included in the requirement made above under standard 19.	<b>1</b>	<b>Number of Recommendations:</b> *Two recommendations made have been included in the recommendations made above under standard 19.	<b>1</b>
---	----------	--	----------

## 5.5 Additional Areas Examined

### Comments of patients, patients' representatives and staff

As part of the inspection process patients, their representatives and staff were consulted and questionnaires were issued. Overall all comments were generally positive.

Some comments received during inspection and comments included in returned questionnaires are detailed below.

#### Patients

"the food in this home is first class and the staff are great."

"It is my view that I am well cared for here."

"I find the staff helpful and courteous and have no worries."

"I would prefer not to make any comment."

There were no completed patient questionnaires returned.

#### Patients' representatives

One relative consulted during the inspection was mostly positive. The relative advised staff were very good, but in their view there were insufficient staff available and described occasions when this had impacted on their relative's personal care.

One questionnaire completed and returned by a patient's representative indicated that they were "satisfied" or "very satisfied" with the care and treatment provided. In relation to their relative having privacy in the home, they indicated they were "unsatisfied."

Examples of comments made included:

"Always caring and respectful. Very understanding and patient with patients."

"The staff are nice, but are always so rushed."

"I feel the manager is approachable and I have no hesitation in raising my concerns with him."

"I am unaware of who my xxxxxxxx named nurse is."

## **Staff**

Six staff completed and returned questionnaires. Four staff indicated that they were "satisfied" or "very satisfied" with the care and treatment provided. One staff member indicated they were "unsatisfied" with the training provided in respect of palliative and end of life care, but commented that "training arranged within the next few weeks." A discussion was held with one staff member regarding a completed questionnaire post inspection. Confirmation was provided that the home was very homely, patients were well cared for and there were no concerns.

Examples of comments made included:

"I feel the majority of staff give excellent care to our residents showing a high level of compassion, dignity and support towards them and their relatives."

"I feel I got a good induction when I came to work in the home."

"I feel the needs of the patients are considered paramount."

"I am aware that I have a responsibility to raise concerns about patient care with the manager."

### **5.5.1 Accidents and Incidents**

A sample of accidents and incidents were examined. Overall these were well recorded and RQIA were appropriately notified. Notifications were submitted to RQIA in respect of two recent outbreaks which had occurred. Confirmation was provided by the registered manager that the Public Health Agency (PHA) had also been informed in accordance with procedures.

### **5.5.2 Complaints**

Complaints records examined indicated complaints had been investigated and details were recorded. The outcome of one recorded complaint indicated the complaint was not fully resolved, and there was no indication from the record examined that the complaint investigation had been closed.

This specific complaint was discussed with the registered manager who advised that a referral was made to the Trust safeguarding team and RQIA were kept informed. The outcome of the safeguarding investigation should be recorded in the complaint records to ensure the complaint can be effectively closed. A recommendation was made.

### 5.5.3 Staffing

The staffing duty roster examined confirmed that staffing arrangements were in accordance with staffing guidance.

### 5.5.4 Statement of Purpose

The statement of purpose reviewed is in need of updating to reflect name changes for the responsible individual. A recommendation was made.

### 5.5.5 Environment

A sample of the environment used by patients was examined and generally was clean, tidy and well maintained.

One upstairs sitting room was being used to store equipment. This was discussed with the registered manager. Where there is a change of use of room, RQIA should be notified and a variation should be submitted.

A few issues in respect of infection prevention and control were identified and in need of improvement.

- An extractor fan in one identified toilet was in need of cleaning.
- An non slip bathmat in one bathroom poses an infection risk, this should be risk assessed and consideration given to using disposable bathmats.
- The underside of one shower chair examined was in need of cleaning.
- In one identified bathroom, cracked tiles observed on the window ledge were in need of replacement.

These issues were discussed with the registered manager on conclusion of the inspection. An assurance was provided that they would be addressed. A recommendation was made.

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Paul Gildernew, 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](mailto:nursing.team@rqia.org.uk) and assessed by the inspector.

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



## Quality Improvement Plan

### Statutory Requirements

#### Requirement 1

**Ref: Regulation 13(1)(a)**

**Stated: Second time**

**To be Completed by: 25 May 2015**

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.

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.

The patient's total fluid intake should also be recorded in the evaluation of care provided to patients.

**Ref: Statutory Requirements last Care Inspection and 5.4**

#### Response by Registered Person(s) Detailing the Actions Taken:

Nursing and care staff are aware that agreed daily fluid targets should be set. The total fluid intake will be recorded on both fluid balance charts and daily evaluation documentation. This will be monitored via care file audits by Home Manager.

#### Requirement 2

**Ref: Regulation 16(1)(2)(a)(b)(c)(d)**

**Stated: First time**

**To be Completed by: 25 May 2015**

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.

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.

Social cultural and religious preferences and death and dying arrangements must also be considered and included for one identified patient.

**Ref: 5.3 and 5.4**

#### Response by Registered Person(s) Detailing the Actions Taken:

Both identified patients have had their care files reviewed and updated in consultation with the named nurse, palliative care link nurse and home manager. The identified patient has social and religious preferences included in their care file.

<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref: Standard 4</b>  <b>Stated: First time</b>  <b>To be Completed by: 30 June 2015</b>	<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><b>Ref: 5.3</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>All residents rooms have a notice which indicates the residents named nurse and key worker.</p>
<b>Recommendation 2</b>  <b>Ref: Standard 36</b>  <b>Stated: First time</b>  <b>To be Completed by: 30 August 2015</b>	<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><b>Ref: 5.3 and 5.4</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>All policy documents regarding palliative care and end of life have been accessed and made available for all staff..</p>
<b>Recommendation 3</b>  <b>Ref: Standard 39</b>  <b>Stated: First time</b>  <b>To be Completed by: 30 August 2015</b>	<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"> <li>• communication, including the procedure for breaking bad news;</li> <li>• palliative care and end of life training; and</li> <li>• nursing staff using equipment such as a syringe driver, have received training and have received regular updates on their use.</li> </ul> <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><b>Ref: 5.3 and 5.4</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>syringe driver training to be arranged July 2015 for nursing staff.</p>

	palliative care training is being arranged centrally by four seasons health care and will be a rolling programme over the next 6 months. All staff to have e learning module complete by july 2015.
<b>Recommendation 4</b> <b>Ref: Standard 32</b> <b>Stated: First time</b> <b>To be Completed by: 30 June 2015.</b>	<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> <p><b>Ref: 5.4</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>Nursing staff are aware of the procedure to obtain drugs and specialised equipment for patients receiving palliative care, this forms part of nursing staffs induction and training.</p>
<b>Recommendation 5</b> <b>Ref: Standard 16</b> <b>Stated: First time</b> <b>To be Completed by: 30 June 2015.</b>	<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> <p><b>Ref: 5.5.2</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>safeguarding issue investigated and closed by deputy.</p>
<b>Recommendation 6</b> <b>Ref: Standard 34</b> <b>Stated: First time</b> <b>To be Completed by: 30 August 2015</b>	<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> <p><b>Ref: 5.5.4</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>Statement of purpose reviewed 21/5/15</p>
<b>Recommendation 7</b> <b>Ref: Standard 44</b> <b>Stated: First time</b> <b>To be Completed by: 30 June 2015</b>	<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> <p><b>Ref 5.5.5</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>This is currently under discussion with senior management.</p>

IN022732

<p><b>Recommendation 8</b></p> <p><b>Ref: Standard 46</b></p> <p><b>Stated: First time</b></p> <p><b>To be Completed by:</b> <b>30 June 2015</b></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"> <li>the extractor fan in one identified toilet is cleaned</li> <li>one non slip bathmat is risk assessed and consideration is given to using disposable bathmats to minimise infection risks</li> <li>the underside of one identified shower chair should be cleaned</li> <li>cracked tiles on the window ledge of one bathroom should be replaced.</li> </ul> <p><b>Ref 5.5.5</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>Extractor fan cleaned. non slip bath mat replaced. All shower chairs cleaned top and bottom after every shower. cracked tiles in bathroom replaced.</p>		
<p><b>Registered Manager Completing QIP</b></p>	<p>Paul Gildernew</p>	<p><b>Date Completed</b></p>	<p>19.6.15</p>
<p><b>Registered Person Approving QIP</b></p>	<p>Dr Claire Royston</p>	<p><b>Date Approved</b></p>	<p>01/07/2015</p>
<p><b>RQIA Inspector Assessing Response</b></p>		<p><b>Date Approved</b></p>	

*\*Please ensure the QIP is completed in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) from the authorised email address\**



<b>RQIA Inspector Assessing Response</b>	Lorraine Wilson	<b>Date Approved</b>	1/07/2015
--	-----------------	----------------------	-----------