



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
Glenview**

**14 September 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 14 September 2015 from 09.45 to 16.00.

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

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 Glenview 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 10 November 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
<b>Total number of requirements and recommendations made at this inspection</b>	2	5

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

The details of the Quality Improvement Plan (QIP) within this report were discussed with the nurse in charge and the responsible person 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> <b>Glenview</b> Jennifer Elizabeth Gregg and Mervyn John Gregg	<b>Registered Manager:</b> Eleanor Elizabeth Caroline Sands
<b>Person in Charge of the Home at the Time of Inspection:</b> Kirsty McCammon	<b>Date Manager Registered:</b> 1 April 2005
<b>Categories of Care:</b> RC-I, NH-DE, NH-PH, NH-PH(E)	<b>Number of Registered Places:</b> 45
<b>Number of Patients Accommodated on Day of Inspection:</b> 44	<b>Weekly Tariff at Time of Inspection:</b> £470 to £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 following standards and theme have been met:

### **Standard 19: Communicating Effectively**

**Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

## 4. Methods/Process

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

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection;
- the registration status of the home;
- written and verbal communication received since the previous care inspection;
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year;
- the previous care inspection report; and
- pre inspection assessment audit.

During the inspection, we observed care delivery/care practices and undertook a review of the general environment of the home. We met with eight patients, three care staff, two nursing staff, one domestic staff and three patient's visitors/representatives.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP;
- staffing arrangements in the home;
- five patient care records;
- staff training records;
- regulation 29 monthly monitoring reports;
- complaints records;
- policies for communication and end of life care; and
- policies for dying and death and palliative and end of life care.

## 5. The Inspection

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

The previous inspection of Glenview was an announced estates inspection dated 12 June 2015. The completed QIP was returned and approved by the specialist inspector.

### 5.2 Review of Requirements and Recommendations from the last care inspection on 10 November 2014

Last Care Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 19.1  <b>Stated:</b> First time	It is recommended that patients and residents continence assessments are fully recorded and completed appropriately.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> Two patients care records were reviewed. There was evidence that one continence assessment had been completed. However, the review of care records also identified one patient who had two incomplete continence assessments in place.  This recommendation has not been fully met and is stated for the second time.	

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 19.4</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that a Continence Link Nurse be appointed in the home.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Staff consulted on the day of inspection were unclear as to whether there was a continence link nurse appointed in the home.</p> <p>This recommendation has not been fully met and is stated for the second time.</p>	<p><b>Not Met</b></p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 19.4</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that regular audits of the management of patients and residents who are continent be undertaken and the findings acted upon to enhance already good standards of care</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There was no evidence that regular audits of the management of continence had been conducted.</p> <p>This recommendation has not been met and is stated for the second time.</p>	<p><b>Not Met</b></p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 5.3</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that the patients' pressure relieving equipment in use on patients' beds and when sitting out of bed be addressed in patients' care plans on pressure area care and prevention.</p> <p><b>Follow up on previous issue</b></p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of two patient care records confirmed that the patients' pressure relieving equipment was included in their care plan.</p> <p>This recommendation has been fully met.</p>	<p><b>Met</b></p>

<b>Recommendation 5</b>  <b>Ref:</b> Standard 28.4  <b>Stated:</b> First time	It is recommended that registered nurses as appropriate are trained in male catheterisation.  <b>Ref 19.4</b>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the deputy manager and a review of training records confirmed that training had been provided to registered nurses in male catheterisation.  This recommendation has been fully met.	

### 5.3 Standard 19 - Communicating Effectively

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

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

A review of training records evidenced that one identified nurse had received training in breaking bad news. However, discussion with the registered nurses and care staff confirmed that they were aware of the sensitivities around breaking bad news and the importance of accurate and effective communication.

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

Two registered nurses demonstrated their ability to communicate sensitively with patients and relatives when breaking bad news and provided examples of how they had done this in the past. They explained that there were events which would trigger sensitive conversations with patients and/or their families, for example an increase in the number of admissions to hospital, and/or reoccurring symptom with a poor prognosis. They emphasised the importance of building caring relationships with patients and their representatives and the importance of regular, ongoing communication regarding the patient's condition.

Care staff considered the breaking of bad news to be, primarily, the responsibility of the registered nursing staff but felt confident that, should a patient choose to talk to them about a diagnosis or prognosis of illness, they would have the necessary skills to do so. They felt strongly that their role was to empathise and support family members during this period.

The policy on death and dying stated that end of life and after death arrangements are discussed with the patient and their relatives and documented in their care plan. Two care records were reviewed and they reflected patient individual needs and wishes regarding the end of life care. Recording within records also included reference to the patient's specific communication needs. A review of both records evidenced that the wishes and feelings were discussed with the patients and/or their representatives, options and treatment plans were discussed. There was also evidence within the records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

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

Observations of the delivery of care and staff interactions with patients confirmed that communication was well maintained and patients were observed to be treated with dignity and respect. Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time.

We consulted with three visiting relatives who confirmed that staff treated patients with respect and dignity and were always welcoming to visitors.

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

### Areas for Improvement

There were no requirements or recommendation made in relation to standard 19.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

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

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home. These documents reflected best practice guidance such as the GAIN Palliative Care Guidelines, November 2013. Registered nursing staff consulted were aware of and able to demonstrate knowledge of the GAIN guidelines.

The policies reviewed included guidance on the management of the deceased person's belongings and personal effects. However, the policies reviewed did not include the management of shared rooms and the protocol for accessing medicines and equipment out of hours. The policy reviewed also did not include the management of patients who died suddenly.

There was also a guidance document available to assist registered nurses in developing personalised care plans for end of life care.

Training records evidenced that the appointed palliative care link nurse had undertaken training for this role. There were plans in place for other staff members to attend palliative care courses.

Discussion with two nursing staff confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services and that they were proactive in identifying when a patient's condition was deteriorating and that appropriate actions had been taken.

As previously discussed, there was no formal protocol for timely access to any specialist equipment or drugs in place. However, discussion with two registered nurses confirmed that they were knowledgeable regarding the procedure to follow if required. One registered nurse described how they would order medicines for symptom relief, in anticipation of need. Discussion with one registered nurse confirmed that they had a good awareness of the procedure to follow, in the event of a patient suddenly becoming unwell or dying unexpectedly.

There was no specialist equipment, in use in the home on the day of inspection. Discussion with the deputy manager and one registered nurse confirmed that training in the use of syringe drivers had been provided previously and that update training would be accessed through the local healthcare trust nurse.

There was an identified palliative care link nurse in the home. Discussion with one registered nurse confirmed that the palliative care link nurse would attend courses/meetings, following which the information would be shared to all other nurses. There was also evidence of good working relationships between the registered nurse and the palliative specialist nurses.

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

A review of two 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 and symptom management. Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements.

A key worker/named nurse was identified for each patient approaching end of life care.

Discussion with the deputy manager and staff 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. As previously discussed, there was no policy regarding the management of shared rooms. However, through discussion with staff there was evidence that they were aware of how to manage shared rooms if one occupant was receiving end of life care.

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

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

Discussion with staff and a review of two 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. All staff consulted demonstrated an awareness of patient's expressed wishes and needs as identified in their care plan.

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. Overnight stays were facilitated if there was a vacant room and staff described how catering and snack arrangements were provided to family members during this period. There was also a prayer room in the home and staff described how family members can chose to wake patients in the home.

From discussion with the deputy manager, staff and a review of the compliments records, there was evidence that arrangements in the home were sufficient to support relatives during this time. There were numerous cards on display, within which relatives had commended the management and staff for their efforts towards the family and patient. The staff recalled how one relative had written a poem to thank all those who cared for a patient who had recently died in the home.

Discussion with the manager and staff 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.

From discussion with the deputy manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included more experienced staff offering support to new staff and time spent reflecting on a patient's time spent living in the home. One staff member described how difficult it was for staff when there was a sudden deterioration in a patient's health. It was evident that there were supportive relations within the home.

Information regarding support services was available and accessible for staff, patients and their relatives. This information included information leaflets from the Southern Area Hospice Services, Macmillan and Marie Curie. There were also information leaflets from the Health and Social Care Bereavement Network on caring at end of life, how to cope with bereavement and a guide for talking with and supporting children following a death.

### Areas for Improvement

All policies and procedures should be reviewed to ensure that they are subject to a three yearly review. The policy on palliative and end of life care should be further developed in line with current regional guidance, such as GAIN (2013) *Palliative Care Guidelines* and should include the out of hours procedure for accessing specialist equipment and medication, the management of shared rooms and the procedure for managing an unexpected death.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## 5.5 Additional Areas Examined

### Categories of Care

Discussion with the deputy manager confirmed that there were six patients accommodated within the home who were categorised as requiring residential care. As the home is only registered to provide care to four people who require residential care, this matter was discussed with the responsible person. Following the inspection, RQIA has received an application to vary the registration. However, a requirement has been made to ensure that the home only accommodates patients, within the categories of care for whom they are currently registered.

One patient was calling out loudly in a lounge on the ground floor. Staff confirmed that the patient had a confirmed diagnosis of dementia. Discussion with the deputy manager regarding the placement of this identified patient confirmed that their nursing needs outweighed their dementia needs. This matter is incorporated into the above requirement, to ensure that the registered persons continually review the needs of patients, to ensure that they are appropriately placed.

### Staffing

Review of duty rotas for nursing and care staff confirmed that staffing levels were generally in keeping with the planned staffing levels discussed with inspectors. Staff spoken with confirmed that short notice absences were managed as per the home's protocol. However, staff discussed the impact of working short staffed, when efforts to replace staff were unsuccessful. Staff stated that there had been one staff absence on each of the two days preceding the

inspection. The home was also operating below the planned staffing levels on the day of inspection.

We observed no impact on patient care during the inspection. However, staff consulted described how they felt they were rushing the patients and that this had an impact on patients who could participate in their own personal care. Refer to inspector comments below.

Discussion with the deputy manager confirmed that patients' dependency levels were assessed in each individual care record. However, there was no evidence that the dependency levels were used to inform the staffing levels in the home or the deployment of one care staff member, who moved between units at 10.30 on the morning shift. These issues were discussed in detail with the deputy manager and the responsible person during feedback at the conclusion of the inspection. A recommendation is made to address this.

## Questionnaires

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

Questionnaire's issued to	Number issued	Number returned
Staff	9	8
Patients	5	5
Patients representatives	2	2

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

### Staff

'We treat patients who are dying, just like it was our own mother or father. No job is too great. We try to overlook nothing'

'We are like a family here, so death affects everyone here'

We also support staff and the residents' families. This I believe makes a big difference to the care that a home delivers'

'Everyone gets on so well and the residents are lovely'

'Patients are treated with respect and dignity and relatives are always welcome'

Three staff members consulted raised concerns regarding the staffing levels. They identified the morning period on the ground floor as being very busy, stating that the patients were heavily dependent. The staff stated that when the nurse was administering medicines, that there was only one staff member left on that side of the unit, for approximately one hour. The staff described to the inspector how they were so rushed in the mornings that they hurried through personal care with patients and gave an example of actively washing a patient, when allowing the patient to wash themselves would take too long.

As discussed previously, we observed no impact on direct patient care and all the patients who completed questionnaires responded that they felt they were afforded with as much independence as possible. This matter was discussed with the deputy manager and the responsible person. A recommendation is made to ensure that work practices in the morning are reviewed. This refers specifically to the period in the morning, when the registered nurse is administering medicines.

## Patients

'I get results, so (the staff) must listen'  
 'I highly commend the staff'  
 'It is a home from home. Excellent'  
 'The food is good and it is always hot'  
 'They are first class – 100 percent'  
 'I couldn't be treated any better. They are terrible good'

One patient commented that her wheelchair was in a poor state of repair. The arms of the wheel chair were observed to be slightly torn. There were four other wheelchairs observed in a storeroom, which also required to be repaired. This matter was discussed with the responsible person, who provided assurances that these would be repaired or replaced.

## Patients' representatives

'As a family, we feel (our relative) is being well cared for'  
 'I find the quality of care very good and the staff are quick to act upon any problems'  
 'I am very pleased (my relative) is in Glenview and I have recommended it to many people'

## Regulation 29 Monthly monitoring report

The regulation 29 monthly monitoring reports for July and August 2015 were not available for inspection. However, a copy of July's report was received by the home, during the inspection. A review of the previous monthly monitoring reports only evidenced that four out of 12 visits had been conducted.

The content of the reports reviewed generally provided sufficient detail to form an opinion of the standard of nursing provided in the home. However, there was no evidence of an action plan having been developed, following the visits and there was no evidence that the reports had been reviewed by the registered manager or the responsible person. Other details of the areas for improvement within the regulation 29 reports were discussed with the responsible person following the inspection. Advice was given in relation to the template for conducting provider visits which is available on the RQIA website. A requirement is made to ensure that the monthly monitoring report is available in the home.

## Environment

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

## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the deputy manager and responsible person 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 and the Residential Care Homes Minimum Standards, August 2011. 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 any requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

<b>Quality Improvement Plan</b>	
<b>Statutory Requirements</b>	
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 15 (e)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 12 November 2015</p>	<p>The registered persons must ensure that the home only accommodates patients within the category of care for whom they are registered.</p> <p>Patients with a diagnosis of dementia must be continually reviewed, to ensure that they are accommodated in the appropriate category of care.</p> <p><b>Ref section 5.5</b></p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Two additional residential places have been registered in relation to the two residents identified.</p> <p>Keyworker is to make a referral to the Memory Team for patient to be reassessed.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 29 (5) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 12 November 2015</p>	<p>A copy of the regulation 29 monitoring reports must be retained in the home and available for inspection.</p> <p><b>Ref section 5.5</b></p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Copies of the Regulation 29 monitoring reports are retained within the Home and available for Inspection. The four reports omitted from the file will all be in place by 12<sup>th</sup> November 2015. Report stated that only four out of twelve visits has been conducted, this should have stated that eight out of twelve reports were in place and four reports were omitted from the file.</p>
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 19.1</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 12 November 2015</p>	<p>It is recommended that patients and residents continence assessments are fully recorded and completed appropriately.</p> <p><b>Ref section 5.2</b></p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> These continue to be undertaken using the Goldcrest System.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 19.4</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 12 November 2015</p>	<p>It is recommended that a Continence Link Nurse be appointed in the home.</p> <p><b>Ref section 5.2</b></p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The Continence Link Nurse has been appointed.</p>

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 19.4</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 12 November 2015</p>	<p>It is recommended that regular audits of the management of patients and residents who are continent be undertaken and the findings acted upon to enhance already good standards of care</p> <p><b>Ref section 5.2</b></p>		
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 32.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 12 November 2015</p>	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Monthly audits are undertaken and were forwarded to RQIA. As well as Home Manager's monthly audits, assessment on Goldcrest System are also in place.</p> <p>All policies and procedures should be reviewed to ensure that they are subject to a three yearly review.</p> <ul style="list-style-type: none"> <li>A policy on palliative and end of life care should be further developed in line with current regional guidance, such as GAIN (2013) <i>Palliative Care Guidelines</i> and should include the out of hours procedure for accessing specialist equipment and medication, the management of shared rooms and the procedure for managing an unexpected death.</li> </ul> <p>The policies and guidance documents listed above, should be made readily available to staff.</p> <p><b>Ref section 5.4</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> All policies and procedures will continue to be reviewed and updated accordingly. Policy on Palliative and end of life care and Dying and Death has been revised on 23<sup>rd</sup> October 2015.</p>		
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 41.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 12 November 2015</p>	<p>The registered manager should review the work practices on the morning shift, taking into account the dependency levels of the patients accommodated in the home.</p> <p>This refers specifically to the period in the morning, when the registered nurse is administering medicines.</p> <p><b>Ref section 5.5</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Home Manager discussed work practices on the morning shift with staff nurses and then care assistants. It has been agreed prioritising patient's needs to promote efficiency in the morning routine. When the nurse is administering medicines the care assistant would be assisting with the breakfast and therefore would not be providing patient care on her own till the care assistant comes up from the Dementia Unit at 10.00 am.</p>		
<p><b>Registered Manager Completing QIP</b></p>	<p>Carol Sands</p>	<p><b>Date Completed</b></p>	<p>23/10/2015</p>
<p><b>Registered Person Approving QIP</b></p>	<p>Mervyn Gregg</p>	<p><b>Date Approved</b></p>	<p>23/10/2015</p>

<b>RQIA Inspector Assessing Response</b>	Aveen Donnelly	<b>Date Approved</b>	03/11/2015
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*\*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\**