



**Greenvale House**  
RQIA ID: 1614  
82-84 Mill Hill  
Castlewellan  
BT31 9NB

**Inspector: Dermot Walsh**  
**Inspection ID: IN21816**

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**Unannounced Care Inspection  
of  
Greenvale House**

**3 August 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 3 August 2015 from 09.30 to 16.50.

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 Greenvale House 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 8 December 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> | 0            | 11              |

The total number includes both new and restated recommendations.

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager, Barbara Foster, 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><br>Stanley Foster<br>Margaret Foster<br>Norman Foster<br>Barbara Foster | <b>Registered Manager:</b><br>Barbara Frances Foster       |
| <b>Person in Charge of the Home at the Time of Inspection:</b><br>Barbara Foster  | <b>Date Manager Registered:</b><br>1 April 2005            |
| <b>Categories of Care:</b><br>RC-LD(E), RC-DE, RC-I, NH-DE, NH-I, NH-PH, NH-PH(E)   | <b>Number of Registered Places:</b><br>39                  |
| <b>Number of Patients Accommodated on Day of Inspection:</b><br>37  | <b>Weekly Tariff at Time of Inspection:</b><br>£470 - £593 |

## 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
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIP) from inspections undertaken in the previous inspection year
- the previous care inspection report

During the inspection, the inspector met with 10 patients, five care staff, one registered staff, one ancillary staff and one patient representative.

The following records were examined during the inspection:

- validation of evidence linked to the previous QIP
- the staff duty rota
- four 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, quality assurance
- Regulation 29 reports
- Complaints and compliments

## 5. The Inspection

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

The previous inspection of Greenvale House was an unannounced pharmacy inspection dated 28 May 2015. The completed QIP was returned and approved by the pharmacy inspector.

### 5.2 Review of Requirements and Recommendations from the Last Care Inspection

| Last Care Inspection Statutory Requirements  |  | Validation of Compliance |
|--|--|--------------------------|
| <b>Requirement 1</b><br><b>Ref:</b> Regulation 15 (1) (2)<br><b>Stated:</b> First time | <p>The registered person must ensure that the home only accommodates patients/residents within the category of care for which the home is registered.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b><br/>           Patients/residents accommodated on the day of the inspection were within the categories of care for which the home is registered.</p>  | <b>Met</b>               |
| Last Care Inspection Recommendations   |  | Validation of Compliance |
| <b>Recommendation 1</b><br><b>Ref:</b> Standard 11.7<br><b>Stated:</b> Second time     | <p>It is recommended all care assistants undertake training on skin care and the prevention of pressure ulcers/wounds at the time of induction and regularly thereafter</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b><br/>           The registered manager has been in contact with the (Down Locality) Clinical Nurse Facilitator (Primary Care Team) to arrange training on skin care and prevention of pressure ulcers/wounds. She is currently awaiting confirmation of a date for training.</p> | <b>Partially met</b>     |

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|---|---|-------------------|
| <p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 5.3</p> <p><b>Stated:</b> Second time</p>            | <p>It is recommended that the competency and capability assessments and induction training programmes of registered nurses includes wound management</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b><br/>Review of the competency and capability assessments and induction programme confirmed that wound management was included.</p>   | <p><b>Met</b></p> |
| <p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 5.3</p> <p><b>Stated:</b> Second time</p>            | <p>It is recommended a policy on wound management is written and made available to all staff. The policy should be written in accordance with best practice guidance documents available in the home</p> <hr/> <p><b>Action taken as confirmed during the inspection</b><br/>On inspection, wound management was incorporated into the Policy on Prevention of Pressure Ulcers, which referred to NICE guidelines on the Prevention of Pressure Ulcers, and Policy on Skin Care.</p>  | <p><b>Met</b></p> |
| <p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 26.1</p> <p><b>Stated:</b> First time</p>            | <p>It is recommended the policy on quality assurance for the home includes information/arrangements for the governance arrangements for the home</p> <p>Information should also be detailed that these reports are available in the home and patients and/or their representatives may read the reports if they so wish.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b><br/>The policy now includes the information on governance arrangements for the home and that they are available to be read by patients/representatives.</p> | <p><b>Met</b></p> |
| <p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 25.12 and 25.13</p> <p><b>Stated:</b> First time</p> | <p>It is recommended patients and their representatives should be made aware of the availability of the regulation 29 reports and the annual quality report in the home, should they wish to read them</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b><br/>A notice is in place at the nurse's station advising patients and their representatives of the availability of the reports.</p>   | <p><b>Met</b></p> |

|   |   |  |
|---|---|--|
| <p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 25.13</p> <p><b>Stated:</b> First time</p> | <p>It is recommended the annual quality report includes, for example, evidence of consultation with patients, representatives and staff, outcome and action taken in response to patients/representatives satisfaction questionnaires, action taken to address any deficits identified through audit or consultation</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b><br/>A new report has not been carried out since the last care inspection.</p> | <p><b>Carried forward to next inspection</b></p> |
| <p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 19.2</p> <p><b>Stated:</b> First time</p>  | <p>The registered manager must ensure that a policy for catheter care is developed in accordance with best practice guidance</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b><br/>No policy on catheter care was available on inspection but best practice guidance on catheter care was available for staff.</p>   | <p><b>Not Met</b></p>                            |
| <p><b>Recommendation 8</b></p> <p><b>Ref:</b> Standard 19.2</p> <p><b>Stated:</b> First time</p>  | <p>The registered manager must ensure that additional guidelines on continence management are made available to staff and used on a daily basis.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b><br/>A policy on continence management was developed post inspection which did not refer to best practice guidelines. No best practice guidance on continence was seen on day of inspection.</p>   | <p><b>Not Met</b></p>                            |

### 5.3 Standard 19 - Communicating Effectively

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

A policy was available on communication and a separate policy was available on breaking bad news. Neither policy made reference to the best practice regional guidelines. A discussion with care staff confirmed that they were not knowledgeable regarding these policies. This was discussed with the registered manager who confirmed policy awareness is part of the induction process and staff are encouraged to read through the policies as required and/or when they get time to familiarise themselves with them. The registered manager will re-address this with the care workers. A recommendation has been made.

Communicating effectively with patients and their families/representatives is identified in the induction programme.

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

Four care records reflected patient individual needs and wishes regarding the end of life care. Recording within records included reference to the patient's specific communication needs, such as cognitive ability and sensory impairment.

All communication with patients and/or their representatives was recorded in the daily progress reports. Following a discussion with the registered manager it was agreed to transcribe this communication in a different identifiable section within the patients' records to allow for easier access to the information.

There was evidence within four records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs. The assessments, care plans and evaluations on all patients' records reviewed were commendable.

The registered nursing staff consulted, demonstrated their ability to communicate sensitively with patients when breaking bad news. They advised that in the past they sat down with the patient in a private area and using a calm voice, spoke with the patient in an empathetic manner using clear speech, offering reassurance and an opportunity for the patient to ask any questions or voice any concerns. Care staff were knowledgeable on how to break bad news and offered similar examples when they have supported patients when delivering bad news.

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

Having observed the delivery of care and staff interactions with patients, it was evident that effective communication was well maintained and patients were observed to be treated with dignity and respect.

All patients spoken with were very positive about the quality of care delivered and with life in Greenvale House. Patients communicated that staff were polite, caring and courteous and that they felt safe in the home.

The patient's representative spoken with stated that they were very happy with the level of communication between them and staff. They felt that any concerns they had could be brought the attention of staff and they felt that they were listened too.

Patient, staff and patient representative comments can be found in section 5.5.5 below.

### **Areas for Improvement**

The policy on communication and breaking bad news should reflect and make reference to the best practice regional guidelines.

|                                |          |                                   |          |
|--------------------------------|----------|-----------------------------------|----------|
| <b>Number of Requirements:</b> | <b>0</b> | <b>Number of Recommendations:</b> | <b>1</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 death and dying were reviewed however, they did not make reference to best practice guidelines. There was no policy on palliative and end of life care. A recommendation has been made.

The registered manager and registered nursing staff were aware of the Gain Palliative Care Guidelines November 2013 a copy of which was available in the home.

Palliative care was not included in the staff induction or competency and capability assessment. The staff induction was not role specific however following discussion with the registered manager new role specific inductions are going to be developed to include palliative care.

Two registered nursing staff have completed a three day course on principles of palliative care. Care staff stated they would receive on the job training on palliative care though would be keen to engage in further training. This was discussed with the registered manager who will contact the Palliative Care Team to resource training on palliative care. A recommendation has been made. All registered nursing staff have been trained in the use of syringe drivers.

Discussion with staff and a review of two care records confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

Discussion with the manager and staff evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

A protocol for timely access to any specialist equipment or drugs was in place and discussion with the registered nursing staff confirmed their knowledge of the protocol.

The registered manager is also the palliative care link nurse for the home.

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

There was evidence that referrals had been made to the specialist palliative care team and where instructions had been provided, these were evidently adhered to.

Discussion with the registered 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 ensuring as much privacy and comfort as possible.

A review of notifications of death to RQIA during the previous inspection year, were deemed to be appropriate.



## Is Care Compassionate? (Quality of Care)

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wish with the person. Care staff indicated they were aware of the importance of the provision of refreshments and allowing privacy as required at the end of life.

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

Some comments from the compliments book were as follows:

“I couldn’t have wished for a better set up to support my dad in his final phase of life. He was treated with such dignity and care.”

“Thank you for all your care and kindness for mummy especially over the last week before she died. Your care and kindness is greatly appreciated by the whole family.”

Discussion with the registered 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.

From discussion with the registered manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included one to one meetings within the staffing group.

Six staff consulted confirmed that they were given an opportunity to pay their respects after a patient’s death.

### Areas for Improvement

A policy should be drafted around palliative and end of life care to reflect care given in line with regional best practice guidelines. The policy on death and dying should be developed to reflect and make reference to the regional best practice guidelines.

Staff should receive training on Palliative and end of life care.

|                                |          |                                   |           |
|--------------------------------|----------|-----------------------------------|-----------|
| <b>Number of Requirements:</b> | <b>0</b> | <b>Number of Recommendations:</b> | <b>2*</b> |
|--------------------------------|----------|-----------------------------------|-----------|

\*1 recommendation made is stated under Standard 19 above.

## **5.5 Additional Areas Examined**

### **5.5.1. Infection Prevention and Control and the Environment**

Inspection of the home confirmed that rooms and communal areas were clean and spacious.

However, a range of matters were identified that were not managed in accordance with infection prevention and control guidelines:

- a record of deep cleaning was not maintained within the home
- not all signage and noticeboards were laminated/treated to ensure the surface may be cleaned
- the type of shelving used in the home in the identified storage area did not have a cleanable surface
- there was inappropriate storage in identified rooms in the home
- there was evidence that equipment had not been cleaned after use including a shower chair and a standalone bathroom aid
- there was equipment in use with metallic rusting evident including metal bin frames, shower chairs, commode chairs, sink traps
- plastic storage units in the bathroom were noted to be unclean and containing toiletries with no patient identification on them

An assurance was given by the registered manager that these areas would be addressed with staff to prevent recurrence. A recommendation is made for management systems to be in place to ensure the home's compliance with best practice in infection prevention and control.

### **5.5.2. Premises**

The electrical room door, signed to be kept locked, in the nursing area was unlocked. An assurance was given by the registered manager that this room would remain locked when not in use.

No wardrobes in any of the rooms inspected were secured to the wall for safety as shown in the minimum standards. A recommendation has been made.

### **5.5.3. Activities**

Activities were provided by an activities co-ordinator on the residential side of the home however following discussion with the registered manager and staff it was confirmed that activities on the nursing side were carried out by care assistants who have not received any training in provision of activities. It was agreed that only staff who understand how to deliver meaningful, appropriate and enjoyable activities, should carry out activities in the nursing side of the home. A recommendation has been made.

### **5.5.4. Documentation**

A review of four patient care records including assessments, care planning and evaluations have been noted to be commendable. During a tour of the home two repositioning charts were reviewed in the patients' rooms. These charts were noted to be poorly completed and this was brought to the registered manager's attention. A recommendation has been made.

### 5.5.5 Questionnaires and feedback from staff, patients and relatives/patient representatives

#### Staff

As part of the inspection process discussions were had and questionnaires were issued to staff. Six questionnaires were completed and returned.

All comments from discussions and on the returned questionnaires were in general positive.

These included:

“I find the nursing care excellent and the teamwork very good. All the residents are very happy.”

“The residents do receive excellent care from carers and nurses. The good feedback we get from families is also good morale for the staff.”

“I love working here. It’s such a nice place to work and so accommodating.”

“Everybody gets along and we are facilitated very well by the manager when we need something.”

One staff member felt there were no staff meetings to resolve formal or informal issues. A discussion with the registered manager confirmed that staff meetings in the past were very irregular. A recommendation has been made that staff meetings occur regularly at least quarterly in line with DHSSPS Care Standards for Nursing Homes (2015)

#### Relatives

One relative was very positive on the quality of care being provided in the home.

#### Patients

Overall feedback from patients confirmed that safe, effective and compassionate care was being delivered in Greenvale. Patients agreed they felt safe in the home, were treated with dignity and respect and could make choices on a day to day basis.

Verbal comments received included:

“I like it here a lot.”

“They are lovely people here.”

“I am very very happy here.”

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Barbara Foster, 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.

| <b>Quality Improvement Plan</b>   |  |
|---|--|
| <b>Recommendations</b>  |  |
| <p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 11.7</p> <p><b>Stated:</b> Third time</p> <p><b>To be Completed by:</b><br/>30 October 2015</p>    | <p>The registered person should ensure that all care assistants undertake training on skin care and the prevention of pressure ulcers/wounds at the time of induction and regularly thereafter</p> <p><b>Stated from previous QIP</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b><br/>Training on skin care and the prevention of pressure ulcers/wounds was carried out on 24<sup>th</sup> October 2015, further dates are to follow for those staff who could not attend on this date.</p>   |
| <p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 25.13</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b><br/>30 October 2015</p>   | <p>It is recommended the annual quality report includes, for example, evidence of consultation with patients, representatives and staff, outcome and action taken in response to patients/representatives satisfaction questionnaires, action taken to address any deficits identified through audit or consultation.</p> <p><b>Carried forward from previous QIP</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b><br/>The annual quality report not includes evidence of consultation with patients and staff and action taken in response to the questionnaires has been completed or is being looked at by management.</p> |
| <p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 19.2</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b><br/>30 September 2015</p> | <p>The registered manager must ensure that a policy for catheter care is developed in accordance with best practice guidance</p> <p><b>Stated from previous QIP</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b><br/>A policy for catheter care has been developed.</p>   |
| <p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 19.2</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b><br/>30 September 2015</p> | <p>The registered manager must ensure that additional guidelines on continence management are made available to staff and used on a daily basis</p> <p><b>Stated from previous QIP</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b><br/>Up to date guidelines on continence management have been made available for staff.</p>  |

|   |   |
|---|---|
| <p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 36<br/>Criteria (2) (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b><br/>30 September 2015</p> | <p>The policy on death and dying, communication and breaking bad news should be reviewed to ensure that they reflect and make reference to best practice guidelines</p> <p>A policy on palliative and end of life care should be developed in line with current regional guidance, such as GAIN Guidelines for Palliative and End of Life Care in Nursing Homes and Residential Care Homes (2013).</p> <p>A system to implement the policies should confirm that all relevant staff have read the documents with evidence of staff signature and date.</p> <p><b>Ref: Sections 5.3 and 5.4</b></p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b><br/>The policy on death and dying has been reviewed and updated.<br/>The policy on palliative and end of life care has been developed in accordance with best practice.<br/>A staff signature sheet has been attached to this policy and staff sign and date once they have read same.</p> |
| <p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 32</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b><br/>30 November 2015</p>                       | <p>The registered person should ensure that nursing and care staff receive training on palliative and end of life care</p> <p><b>Ref: Section 5.4</b></p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b><br/>Trained staff are receiving training on end of life care on 3<sup>rd</sup> November and care assistants will receive this training on 17<sup>th</sup> November. This is being carried out by Maggi Ross from the south eastern trust.</p>   |
| <p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 46.2</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b><br/>21 September 2015</p>                    | <p>The registered person should ensure that robust systems are in place to ensure compliance with best practice in infection prevention and control</p> <p>Particular attention should focus on the areas identified on inspection.</p> <p><b>Ref: Section 5.5.1</b></p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b><br/>The infection control audit has been updated and the areas identified on inspection have been resolved.</p>  |

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| <p><b>Recommendation 8</b></p> <p><b>Ref:</b> Standard 44.13 (E21 + N26)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 3 October 2015</p>   | <p>The registered person should ensure that all wardrobes are to be secured to the walls unless deemed unnecessary by way of individual risk assessment.</p> <p><b>Ref: Section 5.5.2</b></p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b><br/>All wardrobes are currently being secured to the walls throughout the home.</p>  |
| <p><b>Recommendation 9</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 3 October 2015</p>                  | <p>The registered person should review the provision of activities to ensure the needs of patients in the nursing home are met.</p> <p><b>Ref: Section 5.5.3</b></p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b><br/>The registered person is looking into specific courses in relation to this and will keep the inspector informed on progress of this. In the meantime the current activities coordinator on the residential side is being liaised with by staff so that meaningful activities are still being carried out with the patients on the nursing side of the home.</p> |
| <p><b>Recommendation 10</b></p> <p><b>Ref:</b> Standard 37 Criteria (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 14 September 2015</p> | <p>The registered person should ensure a system is in place to ensure documentation such as repositioning charts are accurately recorded in accordance with the patients care plan.</p> <p><b>Ref: Section 5.5.4</b></p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b><br/>This has been addressed at staff meeting and staff nurses have also been advised of their responsibility in relation to these charts.</p>   |
| <p><b>Recommendation 11</b></p> <p><b>Ref:</b> Standard 41.8</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 30 October 2015</p>              | <p>The registered person should ensure staff meetings take place on a regular basis and at a minimum quarterly. Records are kept which include:</p> <ul style="list-style-type: none"> <li>• The date of all meetings</li> <li>• The names of those attending</li> <li>• Minutes of discussions</li> <li>• Any actions agreed</li> </ul> <p><b>Ref: Section 5.5.5</b></p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b><br/>A staff meeting is scheduled for 13<sup>th</sup> October and all of the above records will be kept of same.</p>  |

|  |                |                       |          |
|--|----------------|-----------------------|----------|
| <b>Registered Manager Completing QIP</b> | Barbara Foster | <b>Date Completed</b> | 12.10.15 |
| <b>Registered Person Approving QIP</b>   | Norman Foster  | <b>Date Approved</b>  | 12.10.15 |
| <b>RQIA Inspector Assessing Response</b> | Dermot Walsh   | <b>Date Approved</b>  | 19.10.15 |

*\*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\**