



The Regulation and
Quality Improvement
Authority

Cregagh Nursing Home
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BT6 9FB

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**Unannounced Follow up Care Inspection
of
Cregagh Nursing Home**

05 November 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 05 November 2015 from 12.00 to 16.30.

This inspection was undertaken to follow up on the progress made regarding the findings of an unannounced inspection conducted on 11 May 2015, when urgent actions were required to be addressed by the registered person to ensure an improvement in the management and serving of meals at mealtimes and that the nurse call system was answered in a prompt manner. The inspection also was conducted in order to monitor progress in addressing the 6 requirements and 7 recommendations made.

The previous returned QIP from the registered person provided assurances that the requirements and recommendations made during the previous inspection had been reviewed and addressed. However, following a review of services and care provided in the home, we could not evidence that all of the previous requirements and recommendations had been addressed. The recent changes to the management structure in the home were acknowledged and communication has been received from the responsible person detailing the changes and actions taken since the previous inspection. A new nurse manager, Donna Mawhinney, is now in post and is aware of the improvements required by the home to address the issues raised in the previous inspection. The nurse manager is assisted by the newly appointed deputy manager, Debby Hawthorne.

The home was assessed on this occasion as providing safe and compassionate care. However further improvements are required to ensure that care is effective. The areas identified for improvement are set out in the Quality Improvement Plan (QIP) within this report.

The outcomes and concerns from this inspection were discussed by telephone and confirmed by e-mail with the responsible person, Chris Arnold, on the day following the inspection. The responsible person provided assurances that the new manager will be fully supported and that full compliance with the requirements and recommendations made will be responded to as a priority.

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.

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 11 May 2015.

In view of the lack of progress against the previous requirements and recommendations and the findings of the inspection, a discussion was held with senior management in RQIA. A decision was made to state the related requirements and recommendations for a second time and to confirm the seriousness of the issues raised with the responsible person. The inspection findings were communicated by telephone and in correspondence to the responsible person, Chris Arnold, on 6 November 2015. The responsible person was informed that a further unannounced inspection would be conducted to monitor progress with the requirements and recommendations made. It was also advised that if significant progress was not made then further regulatory action would be considered by RQIA.

1.2 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	7*	7*

*Three of the above requirements and four of the above recommendations are stated for a second time.

The details of the Quality Improvement Plan (QIP) within this report were discussed with the manager, Donna Mawhinney as part of the inspection process. The outcomes of this inspection were also discussed the day following the inspection with the responsible person, Chris Arnold. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Chris Arnold	Registered Manager: Donna Mawhinney
Person in Charge of the Home at the Time of Inspection: Donna Mawhinney	Date Manager Registered: Registration pending
Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of Registered Places: 40
Number of Patients Accommodated on Day of Inspection: 38 1 vacant 1 in hospital	Weekly Tariff at Time of Inspection: £649

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection on 11 May 2015.

The issues raised were in relation to:

- meals and mealtimes;
- the management of the nurse call system;
- management of complaints;
- management of bedrails;
- redecoration of the home;
- palliative care training;
- communication with patients; and
- policies and procedures in the home.

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, we observed care delivery/care practices and undertook a review of the general environment of the home. We met in total with 22 patients, two registered nursing staff, five care staff, one ancillary staff and ten patients' visitors/representatives.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP;
- staffing arrangements;
- staff duty rotas;
- training records;
- repositioning charts;
- food and fluid intake charts; and
- available guideline documentation.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of Cregagh Nursing Home was an announced enforcement monitoring pharmacy inspection dated 12 October 2015. During this inspection, the home was assessed by the pharmacy inspectors as being compliant with the issues raised in relation to the enforcement. The returned QIP will be forwarded to the pharmacy inspector who will monitor the response and take any necessary action.

5.2 Review of Requirements and Recommendations from the Last Care Inspection 11 May 2015

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 12 (4) (b) Stated: First time To be Completed by: 8 June 2015	The registered persons shall ensure that meals are served at the appropriate temperatures and meets the nutritional needs of patients.	Not Met
	Action taken as confirmed during the inspection: Whilst the returned QIP from the previous inspection provided assurances that this requirement had been addressed there was insufficient evidence of improvements made to ensure that meals were being served at the appropriate temperatures in order to meet the nutritional needs of patients. The newly appointed nurse manager has planned to conduct a Quality Dining Audit within the next two weeks to review the serving of meals. The audit will include the temperature of the food served and will assess if the nutritional needs of patients are being met. This requirement is stated for a second time.	
Requirement 2 Ref: Regulation 12 (4) (d) Stated: First time To be Completed by: 8 June 2015	The registered persons shall ensure meals served are suitable for the needs of patients and provide choices throughout the meal times.	Met
	Action taken as confirmed during the inspection: A review of the lunch time meal evidenced that choices were provided and that the needs of patients were being met. This included choices regarding snacks.	

<p>Requirement 3</p> <p>Ref: Regulation 12 (4) (c)</p> <p>Stated: First time</p> <p>To be Completed by: 8 June 2015</p>	<p>The registered persons shall review the serving of meals, particularly on the ground floor to ensure they are served appropriately and in a timely way.</p> <p>Action taken as confirmed during the inspection: As stated in requirement 1, the returned QIP from the previous inspection provided assurances that this requirement had been addressed. However, sufficient improvements had not been made regarding the serving of meals on the ground floor. They were not observed to be served in a timely way.</p> <p>As previously stated, the newly appointed nurse manager has planned to conduct a Quality Dining Audit within the next two weeks to review the serving of meals. The audit will include a review of the meal times to ensure they are served appropriately and in a timely way. This requirement is stated for a second time.</p>	<p>Not Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 12 (4) (a)</p> <p>Stated: First time</p> <p>To be Completed by: 8 June 2015</p>	<p>The registered persons shall ensure at all times the nurse call system is in working order and is answered in a timely way.</p> <p>Action taken as confirmed during the inspection: The nurse call system was in working order. There were no incidents during the inspection when the nurse call system not been answered in a timely way. However, two patients stated that at times staff take quite a period of time to answer the nurse call system. This requirement is stated for a second time.</p>	<p>Partially Met</p>

<p>Requirement 5</p> <p>Ref: Regulation 12 (4)</p> <p>Stated: First time</p> <p>To be Completed by: 8 June 2015</p>	<p>The registered persons shall ensure that all the issues listed in section 5.5.2 are addressed as a matter of urgency.</p>	<p>Not Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of the lunch time meal evidenced that not all of the issues raised during the previous inspection were addressed. This was brought to the attention of the current manager who observed that the issues raised during the previous inspection were still not being addressed by staff. The manager has provided assurances that over the next two weeks a Quality Dining Audit will be conducted to address the issues raised. Where required training will be provided. A copy of the outcome of the dining audit and an action plan to address the issues raised should be forwarded to RQIA alongside the returned QIP. This requirement is stated for a second time.</p>		

<p>Requirement 6</p> <p>Ref: Regulation 24</p> <p>Stated: First time</p> <p>To be Completed by: 8 June 2015</p>	<p>The registered persons shall ensure that the complaint raised by one patient during the inspection is reviewed to ensure the DHSSPS guidance is adhered to.</p> <p>The registered persons shall ensure that advice is provided to patients on how to make a complaint and who to contact outside the home if they remain dissatisfied or require support services.</p> <p>The registered manager must, where appropriate, make patients aware of the role of independent advocacy services and be assisted to access the support they need to articulate their concerns and successfully navigate the system. The registered manager shall facilitate arrangements for residents to speak to their advocates in private.</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The manager confirmed that the local healthcare trust has recently been in communication with the home. There have been recent concerns raised during care management reviews. The quality team within the local healthcare trust have been involved and are seeking to address the issues raised.</p> <p>The manager has reviewed the complaints policy and procedures and has planned within the next week to display the revised policy in a prominent place in the home and in patients' bedrooms.</p> <p>It is also planned within the next two weeks to have a coffee morning and a meeting with patients and relatives in the near future. The manager states that it is her intention to move her office downstairs to ensure that she is more accessible to patients and their relatives. This requirement is stated for a second time.</p>		

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 44 (10) Stated: First time To be Completed by: 29 June 2015	<p>The registered persons shall ensure that a record of the actual checks made in relation to the bedrails and the outcome of the bed rail checks should be recorded.</p>	Partially Met
	<p>Action taken as confirmed during the inspection: The manager is currently reviewing the bed rail checks and has planned a meeting with the maintenance person to ensure that the required checks are completed in keeping with best practice guidelines. Confirmation should be provided to RQIA that the bed rail checks have been completed. This recommendation is stated for a second time.</p>	
Recommendation 2 Ref: Standard 44 (1) Stated: First time To be Completed by: 29 June 2015	<p>The registered persons shall ensure that there is a planned programme put in place for repainting bedrooms rather than a retrospective record of painting conducted. This will ensure that all bedrooms are redecorated in a timely way.</p>	Not Met
	<p>Action taken as confirmed during the inspection: This requirement has not been met. However, the manager plans that a maintenance programme will be drawn up in order to prioritise a planned redecoration programme. The redecoration programme should be confirmed and signed by the responsible person before it is forwarded to RQIA. This requirement is stated for a second time.</p>	

<p>Recommendation 3</p> <p>Ref: Standard 39 (4)</p> <p>Stated: First time</p> <p>To be Completed by: 29 June 2015</p>	<p>The registered persons shall ensure that training regarding palliative care is cascaded to all registered nursing staff in the home.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>This requirement has not been met. The manager states that training will be cascaded to all registered nursing staff. Dates of the training should be forwarded to RQIA in the returned QIP. The palliative programme of care will be enhanced; this includes comfort measures, care planning, provision of information leaflets, and formal supervision with staff. It is planned to maintain an evidence file with palliative care resources and it is planned to have the palliative care policy enhanced.</p> <p>This recommendation is stated for a second time.</p>	<p>Not Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 4 (8)</p> <p>Stated: First time</p> <p>To be Completed by: 29 June 2015</p>	<p>The registered person shall ensure that the identified issue regarding staff interaction with one patient raised during the inspection is discussed with the relevant members of staff to ensure that they communicate the interaction with the registered nurse in charge. The identified patient's care record should be updated to reflect the interaction and the plan of care.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Discussion with staff and a review of the patient's care record evidenced that this issue was addressed following the previous inspection.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be Completed by: 29 June 2015</p>	<p>The registered person shall ensure that the homes policies and procedures are updated to reflect best practice guidance such as the Gain Palliative Care Guidelines, November 2013.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>None of the policies and procedures in relation to Palliative care had been reviewed. The manager confirmed that the policies and procedures are currently being updated by the registered persons. Dates of when the policies and procedures will be reviewed and completed should be confirmed in the returned QIP. This recommendation is stated for a second time.</p>	<p>Not Met</p>

<p>Recommendation 6</p> <p>Ref: Standard 19</p> <p>Stated: First time</p> <p>To be Completed by: 29 June 2015</p>	<p>The registered person shall ensure that the issues raised in section 5.5.1 of the report by staff, patients and their representatives are actioned and addressed. Minutes of meetings held should be reflective of the actions taken.</p> <p>The registered persons shall ensure that the training as suggested by staff should be cascaded to all relevant staff.</p>	<p>Not Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>This recommendation has not been addressed. The manager stated that she will review the comments made and address them at the next staff and patients and relatives meetings.</p>		
<p>Recommendation 7</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be Completed by: 29 June 2015</p>	<p>The registered persons shall ensure that care plans are discontinued when they no longer relevant.</p>	<p>Not Reviewed</p>
<p>Action taken as confirmed during the inspection:</p> <p>This recommendation was not reviewed and is carried forward.</p>		

5.3 Additional Areas Examined

5.3.1 Care Practices/Staffing

Observation of care delivery evidenced that staff conducted the daily routine in the home in a respectful and dignified way. They were observed to listen to patients, provide choices and promote their independence.

There were a number of patients being nursed in their beds. One patient informed the inspector that they did not want to be in bed. This was communicated to the nurse in charge and the issue was addressed. Staff stated that dependency in the home was very high and on both floors fluctuated at different times in the day. They found it difficult to meet all the needs of patients in a timely way and did not have sufficient time to speak with patients. This issue was discussed at length with the manager who confirmed that she was currently conducting a dependency review and was reviewing the routine in the home to ensure staff are sufficiently deployed to ensure care is delivered effectively. The manager stated that there was one care assistant short on the day of inspection as a member of staff had telephoned in with little notice and that they were unable to get another member of staff to cover the shift.

A requirement is made that the staffing levels are reviewed in line with the dependency of patients in the home and that staff are appropriately deployed to ensure the needs of patients are met in a timely way. Patients should not be nursed in bed unless there is a reason. The reason and the intended delivery of care should be recorded in the care record. It is also required that robust procedures are put in place to ensure the staffing levels are met even when a member of staff telephones in for leave with little notice.

5.3.2 Staff Comments

Both care and nursing staff stated that they felt confident that the new manager was already having a positive impact on the day to day management of the home. They stated that they felt they were being listened to. Care staff stated that they would like to meet with the new manager as a group without other designations of staff. The manager stated that this would be accommodated and that she had intended to meet formally with all of the staff teams both altogether and in smaller teams groups.

As previously stated, staff felt dependency in the home was high and that staff needed to be better deployed. The above was discussed with the manager and a requirement is made in this regard.

5.3.3 Patients Comments

Most patients spoken with were very positive regarding the care they were receiving. Two patients stated that they felt that at times, it took staff long periods of time for staff to answer the nurse call bell. All patients felt that the food served was very good and that they always received a choice. They were complimentary of the staff stating that they were very patient and kind.

5.3.4 Relatives/Visitors Comments

Ten relatives/visitors were in the home during the inspection. All were complementary of the care provided to their relatives and felt the care in the home was excellent. They stated that staff in the home were very caring and considerate. They commended the food in the home and all were aware of the recent management changes. There were no issues raised by relatives/visitors during the inspection.

6 Quality Improvement Plan

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

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 12 (4) (b)</p> <p>Stated: Second time</p> <p>To be Completed by: 3 December 2015</p>	<p>The registered persons shall ensure that meals are served at the appropriate temperatures and meets the nutritional needs of patients.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The home has purchased two hot cupboards to ensure that the meals are served at appropriate temperatures</p>
<p>Requirement 2</p> <p>Ref: Regulation 12 (4) (c)</p> <p>Stated: First time</p> <p>To be Completed by: 3 December 2015</p>	<p>The registered persons shall review the serving of meals, particularly on the ground floor to ensure they are served appropriately and in a timely way.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The meals have been reviewed and are now served in a timely way The home will use a quality dining audit tool to monitor the meal time experience..</p>
<p>Requirement 3</p> <p>Ref: Regulation 12 (4) (a)</p> <p>Stated: First time</p> <p>To be Completed by: 3 December 2015</p>	<p>The registered persons shall ensure at all times the nurse call system is in working order and is answered in a timely way.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The nurse call system is checked by the maintenance person monthly and each registered nurse is responsible for reporting any breakages to the manager and to the maintenance person daily Staff have had a meeting and the answering of nurse call systems was discussed, this training is ongoing.</p>
<p>Requirement 4</p> <p>Ref: Regulation 12 (4)</p> <p>Stated: Second time</p> <p>To be Completed by: 3 December 2015</p>	<p>The registered persons shall ensure that all the issues listed in section 5.5.2 (previous inspection report) are addressed as a matter of urgency.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The dining room experience is being worked through to ensure full compliance. Hot cupboards have been purchased to manage food temperatures. The kitchenette cleaning is on a domestic rota. A staff meeting has taken place to train staff on acceptable standards related to the dining room experience. A dining room audit tool is in place.</p>

<p>Requirement 5</p> <p>Ref: Regulation 24</p> <p>Stated: Second time</p> <p>To be Completed by: 3 December 2015</p>	<p>The registered persons shall ensure that the complaint raised by one patient during the inspection is reviewed to ensure the DHSSPS guidance is adhered to.</p> <p>The registered persons shall ensure that advice is provided to patients on how to make a complaint and who to contact outside the home is they remain dissatisfied or require support services.</p> <p>The registered manager must, where appropriate, be made aware of the role of independent advocacy services and be assisted to access the support they need to articulate their concerns and successfully navigate the system. The registered manager shall facilitate arrangements for residents to speak to their advocates in private.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <ol style="list-style-type: none"> 1. The complaints procedure is displayed in the foyer. 2. A referral has been made to Bryson House for an independent advocate service. 3 The activity therapist will hold resident meetings to gain the residents wishes in areas across the home. 4. The managers office has been moved to the front foyer.
<p>Requirement 6</p> <p>Ref: Regulation 20</p> <p>Stated: First time</p> <p>To be Completed by: 3 December 2015</p>	<p>The registered person shall ensure that the staffing levels are reviewed in line with the dependency of patients in the home and that staff are appropriately deployed to ensure the needs of patients are met in a timely way.</p> <p>The registered persons shall ensure that robust procedures are put in place to ensure the staffing levels are met even when a member of staff telephones in for leave at short notice.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <ol style="list-style-type: none"> 1. If a member of staff is absent then all staff off duty will be contacted. 2 A list of agency numbers are available to get cover to the home immediately.
<p>Requirement 7</p> <p>Ref: Regulation 12</p> <p>Stated: First time</p> <p>To be completed by: 3 December 2015</p>	<p>The registered person shall ensure that patients are not nursed in bed unless there is a reason. The reason and the intended delivery of care should be recorded in the care record.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <ol style="list-style-type: none"> 1. A review is taking place of all residents care plans to adhere to person centred care and to ascertain the reasons residents have been on bedrest. Referrals have been made to OT departments for specialised seating for those residents that may benefit from this.

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 44 (10)</p> <p>Stated: Second time</p> <p>To be Completed by: 3 December 2015</p>	<p>The registered persons should ensure that a record of the actual checks made in relation to the bedrails and the outcome of the bed rail checks should be recorded.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: The home has commenced a bedrail form in relation to this.</p>
<p>Recommendation 2</p> <p>Ref: Standard 44 (1)</p> <p>Stated: Second time</p> <p>To be Completed by: 3 December 2015</p>	<p>The registered persons should ensure that there is a planned programme put in place for repainting bedrooms rather than a retrospective record of painting conducted. This will ensure that all bedrooms are redecorated in a timely way.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: A yearly planner has been devised for the maintenance man to ensure that the bedrooms are redecorated in a timely way.</p>
<p>Recommendation 3</p> <p>Ref: Standard 39 (4)</p> <p>Stated: Second time</p> <p>To be Completed by: 3 December 2015</p>	<p>The registered persons should ensure that training regarding palliative care is cascaded to all registered nursing staff in the home.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: 1. Palliative care training is available from the Trust and registered staff have been advised to attend. Training date is the 29th January 2016 2. The palliative care trust nurse has been in attendance in the home to offer advice for residents.</p>
<p>Recommendation 4</p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be Completed by: 3 December 2015</p>	<p>The registered persons should ensure that the homes policies and procedures are updated to reflect best practice guidance such as the Gain Palliative Care Guidelines, November 2013.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: 1. The policies and procedures are currently being updated using best practice guidance.</p>
<p>Recommendation 5</p> <p>Ref: Standard 19</p> <p>Stated: Second time</p> <p>To be Completed by: 3 December 2015</p>	<p>The registered persons should ensure that the issues raised in section 5.5.1 of the previous inspection report by staff, patients and their representatives are actioned and addressed. Minutes of meetings held should be reflective of the actions taken.</p> <p>The registered persons shall ensure that the training as suggested by staff should be cascaded to all relevant staff.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: 1. All issues are being reviewed and action plans put in place to address any deficits within the home. 2 Training is being reviewed within the home and a training plan will be devised to skill up staff.</p>

Recommendation 6 Ref: Standard 4 Stated: First time To be Completed by: 3 December 2015	The registered persons should ensure that care plans are discontinued when they are no longer relevant. Response by Registered Person(s) Detailing the Actions Taken: 1. All registered nurses have been instructed to remove discontinued care plans.		
Recommendation 7 Ref: Standard 35 Stated: First time To be Completed by 3 December 2015	The registered persons should ensure that staff meetings are arranged as soon as possible and that designated staff meeting should be accommodated in small groups. Response by Registered Person(s) Detailing the Actions Taken: 1 Staff meetings will be held three monthly. 2. Staff can meet with the registered manager daily to discuss any issues. 3 Supervisions have taken place regarding any changes in the home.		
Registered Manager Completing QIP	Donna Mawhinney	Date Completed	08/01/16
Registered Person Approving QIP	Chris Arnold	Date Approved	14/01/16
RQIA Inspector Assessing Response	Donna Rogan	Date Approved	02/01/16

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