



The Regulation and
Quality Improvement
Authority

Carryduff Nursing Home
RQIA ID: 1068
19 Church Road
Carryduff
BT8 8DT

Inspector: Sharon McKnight
Inspection ID: IN021954

Tel: 02890814862
Email: Bella.Calip@adad.co.uk

**Unannounced Care Inspection
of
Carryduff Nursing Home**

19 November 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

1. Summary of Inspection

An unannounced care inspection took place on 19 November 2015 from 09.55 to 16 35 hours.

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

On the day of the inspection, concern with regard to the provision and deployment of catering, domestic and laundry assistants and infection prevention and control practise for the management of laundry were identified. Areas for improvement linked to the focus of inspection were also identified. These issues required to be addressed to ensure that care in the home is safe, effective and compassionate. These areas are set out in the Quality Improvement Plan (QIP) within this report. Refer also to section 1.2 below.

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 23 April 2015.

1.2 Actions/Enforcement Resulting from this Inspection

An urgent action record regarding the provision and deployment of catering, domestic and laundry assistants and infection prevention and control practise for the management of laundry was issued to the registered manager, Ms Bella Calip, at the end of the inspection. These actions are required to be addressed without delay to ensure the safety and wellbeing of patients in the home.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	6

The details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Bella Calip, registered manager and Mrs Linda Kelly, regional manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Carryduff Nursing Home	Registered Manager: Bella Calip
Person in Charge of the Home at the Time of Inspection: Bella Calip	Date Manager Registered: 22 October 2015
Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of Registered Places: 23
Number of Patients Accommodated on Day of Inspection: 21	Weekly Tariff at Time of Inspection: £593.00 - £636.00

3. Inspection Focus

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

Standard 19: Communicating Effectively

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

4. Methods/Process

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

- discussion with the registered manager
- discussion with staff
- discussion with patients
- discussion with relatives
- review of records
- observation during a tour of the premises
- evaluation and feedback.

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 previous care inspection report.

During the inspection, we met with seven patients individually and with the majority in small groups, one registered nurse, three care staff, one domestic staff, the cook and three patient's relatives.

The following records were examined during the inspection:

- two patient care records
- policies and procedures regarding the inspection focus and theme
- complaints and compliments
- duty rosters for domestic, catering and laundry assistants
- staff training.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the Carryduff Nursing Home was an announced estates inspection dated 30 June 2015. The completed QIP was returned and approved by the estates inspector.

Review of Requirements and Recommendations from the Last Care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 13 (1)(a)</p> <p>Stated: First time</p>	<p>The registered person must ensure that patients' receive the care they require to meet their identified needs. Records must be maintained to evidence care delivery.</p> <p>Action taken as confirmed during the inspection: A review of care records and care charts evidenced the care delivered to meet patients' individual needs.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 16(2)</p> <p>Stated: Second time</p>	<p>Corresponding fluid intake charts should reflect individualised patient need and ensure the following:</p> <ul style="list-style-type: none"> • an effective reconciliation of the total fluid intake against the fluid target established • action to be taken if targets are not achieved • a record of reconciliation of fluid intake in the daily progress notes. <p>Action taken as confirmed during the inspection: A review of care charts evidenced that daily fluid intake was generally totalled and recorded at the end of each 24 hour period. Care plans were in place for patients at risk of insufficient fluid intake.</p>	

<p>Requirement 3</p> <p>Ref: Regulation 27 (2)(p)</p> <p>Stated: First time</p>	<p>The registered person must ensure that:</p> <ul style="list-style-type: none"> • confirmation of completion of the further works to the heating system is provided to RQIA • the temperature monitoring throughout the home continues to ensure that each room is maintained at a comfortable temperature. In this regard the patients should be consulted so that their personal preferences are accommodated • the results of this ongoing temperature monitoring must be confirmed to RQIA • room thermometers should be provided as required throughout the premises. 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Confirmation of the works completed on the heating system were provided to the RQIA estates inspector.</p> <p>For a period following the previous inspection the room temperatures were notified to RQIA.</p> <p>Wall thermometers were provided in each bedroom.</p> <p>There were no concerns identified or raised with RQIA during this inspection regarding the temperature of the home.</p>		
<p>Last Care Inspection Recommendations</p>		<p>Validation of Compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 21</p> <p>Stated: First time</p>	<p>Best practice guidelines on the management of bladder and bowel continence and catheter and stoma care should be readily available in the home to inform and guide staff.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: The registered manager confirmed that a variety of best practice guidance on the management of continence was available in the home.</p>		

<p>Recommendation 2</p> <p>Ref: Standard 6 Criterion 11</p> <p>Stated: First time</p>	<p>In the interest of patient dignity, each patient should have continence pants supplied solely for their personal use.</p> <hr/> <p>Action taken as confirmed during the inspection: Continence pants were observed to be individually named for each patient.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The capacity in which the manager works should be clearly identified on the duty roster.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of the duty rota confirmed that the capacity in which the registered manager was working was identified.</p>	<p>Met</p>

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

The registered manager confirmed that a policy on communicating effectively was available and reflected current best practice, including regional guidelines on 'Breaking Bad News'.

Training had not been provided on communicating effectively. Discussion with the registered manager and the registered nurse confirmed that they were aware of the sensitivities around breaking bad news and the importance of accurate and effective communication.

Discussion with staff confirmed that whilst staff had experience of communicating with patients and their representatives about general issues, staff reported that they were less confident in talking with patients and relatives about end of life care. Training/development opportunities on communication in this area would be beneficial for staff to allow them to develop confidence in communicating with patients and relatives at this emotive time. A recommendation was made.

Is Care Effective? (Quality of Management)

Two care records evidenced that patients' individual needs and wishes in respect of aspects of daily living were appropriately recorded. However, there was limited evidence that end of life issues were discussed with the exception of 'Do Not Attempt Resuscitation' (DNAR) directives. This is discussed further in section 5.4.

Care records made reference to the patients' specific communication needs including sensory and cognitive impairment. There was evidence within the care records that patients and/or their representatives were informed of the care delivered to meet their assessed needs.

The registered manager and registered nurse discussed how they would 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.

As previously discussed a recommendation was made that training/development opportunities of communication skills would be beneficial for staff to allow them to develop confidence in supporting patients and their representatives.

Is Care Compassionate? (Quality of Care)

Patients were observed to be treated with dignity and respect by all grades of staff. There were a number of occasions when patients were assisted by nursing and care staff in a compassionate manner which ensured the patients' dignity was maintained. There was evidence of good relationships between patients and staff.

Patients spoken with all stated that they were happy with the quality of care delivered and with life in the home.

Patients and relatives consulted were complimentary of staff and the care provided. Good relationships were evident between staff and the patients and visitors. Relatives' comments are further discussed in section 5.5.3.

Compliment cards and letters were retained. Review of these indicated that relatives were appreciative of the care provided.

Areas for Improvement

Training/development opportunities on communication with patients and relatives with regard to end of life care would be beneficial for staff to allow them to develop confidence in communicating with patients and relatives at this time

Number of Requirements:	0	Number of Recommendations:	1
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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. The Guidelines and Audit Implementation Network (GAIN) issued Guidelines for Palliative and End of Life Care in Nursing Homes and Residential Homes in December 2013. The relevant policies should be reviewed and, where necessary updated, to ensure they reflect this best practice guidance.

The registered manager confirmed that a copy of the GAIN Guidelines for Palliative and End of Life Care in Nursing Homes and Residential Homes, December 2013 was available in the home for staff.

There were no registered nurses identified as link workers in palliative care. The benefits of link nurses were discussed and the registered manager agreed to identify staff. A recommendation was made.

Training records evidenced that seven nurses had attended training in palliative and end of life care in 2013. The registered manager explained that they planned to arrange training for care assistants. No dates had been confirmed at the time of the inspection. All staff should be appropriately trained to ensure they have the knowledge and skills to deliver high quality care person centred end of life care. Nurses should attend training to ensure that they have up to date knowledge and skills in this area. The recommendation stated in section 5.3 is extended to include training related to this theme.

Is Care Effective? (Quality of Management)

A review of care records evidenced that death and dying arrangements were included as part of the daily living assessment completed for each patient. The care records did not contain specific details of the patients' assessed needs or wishes with regard to end of life care.

The registered manager and registered nurse recognised that, whilst some discussion had taken place regarding the wishes of patients and relatives, there was a need to create further opportunities to discuss end of life care in greater detail; in particular in the event of patients becoming suddenly unwell.

Whilst we acknowledge there will be occasions when patients and/or their relatives do not wish to discuss end of life care, opportunities for discussion should be created by the registered nurses and any expressed wishes of patients and/or their representatives formulated into a care plan for end of life care. A recommendation was made.

A pain assessment in one patient's care records had not been reviewed or updated in 21 months despite the patient's analgesia having been reviewed regularly. Pain assessments should be reviewed regularly and in response to changes in the patient's condition. A recommendation was made.

Discussion with the registered nurse and three care staff evidenced that environmental factors, which had the potential to impact on patient privacy, for example shared bedrooms, had been considered. Staff confirmed that facilities were made available for family members to spend extended periods with their loved ones during the final days of life. Meals, snacks and emotional support were provided by the staff team. A range of information and support leaflets were displayed and available for relatives to take away.

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

Is Care Compassionate? (Quality of Care)

The religious, spiritual or cultural need of the patients had been recorded in the records examined. There was no evidence of consideration of these areas in respect of end of life care. Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Arrangements were in place in the home to facilitate family and friends to spend as much time as they wish with the patient. Staff discussed how the home supported family members in providing refreshments and facilitating staying overnight with their loved ones.

From discussion with the registered manager, four staff and a review of the compliments record, there was evidence that there were sound arrangements in the home to support relatives during this time. Numerous compliments had been received by the home from relatives and friends of former patients. The following are some comments recorded in thank you cards received:

“We would like to express our sincere thanks to everyone in the nursing home for the love, care and attention, particularly before her death.”

“I would like to thank you all for the TLC you gave to ...”

“I would like to thank each and every person who looked after my mum...She was always well cared for especially in the last two years of her life.”

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

Areas for Improvement

Policies and procedures on the management of palliative and end of life care and death should be reviewed and, where necessary updated, to ensure they reflect the Guidelines and Audit Implementation Network (GAIN) Guidelines for Palliative and End of Life Care in Nursing Homes and Residential Homes in December 2013.

It was recommended that link nurses for palliative and end of life care should be identified and provided with enhanced training to act as resource within the home to guide, inform and support patients, relatives and staff.

Training in palliative and end of life care should be provided for all grades of staff appropriate to their roles and responsibilities.

Further opportunities, to discuss end of life care, should be created by the registered nurses. Any expressed wishes of patients and/or their representatives should be formulated into a care plan for end of life care. This should include any wishes with regard to the religious, spiritual or cultural need of patients’.

Pain assessments should be reviewed regularly and in response to changes in the patient’s condition.

Number of Requirements:	0	Number of Recommendations:	5*
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*One recommendation made is stated under Standard 19 above.

5.5 Additional Areas Examined

5.5.1. Staffing

Discussion with staff identified that, on the day of inspection, there was one member of staff on duty to carry out the duties of a catering assistant, laundry assistant and domestic. The registered manager explained that staff were employed as general assistants to undertake the roles of catering, laundry and domestic assistant as required.

On the day of the inspection a member of staff, rostered to undertake the laundry and cleaning duties had reported sick. A review of four weeks staff rotas, from 26 October 2015 – 22 November 2015 evidenced that on 13 days there was one person on duty to fulfil the three roles. On 27 occasions there were no staff to cover these duties after 14 00 hours. On the days where two staff were to work there was no indication of who was undertaking which role. The recording of staff duty rotas was discussed at length with the registered manager.

RQIA expressed concern regarding the practice of staff working in the kitchen whilst also undertaking laundry and domestic duties. A requirement was made.

Prior to the conclusion of the inspection the registered manager confirmed that an additional general assistant had been arranged to work each day for the remainder of that week. The role which the member of staff was to undertake was clearly identified on the rota.

5.5.2. Management of laundry

A review of the laundry and the laundry service raised the following concerns;

- two laundry bins were overflowing with soiled laundry
- under a washing machines there was a white towel which was wet and stained to a brown colour
- the washing machines were unstable when the machines were in the spin cycle
- the laundry was left unsupervised for long periods whilst the washing machines and tumble dryers were in use.

The washing machines were domestic style machines. Staff spoken with were unaware if the machines had a sluice cycle or if the temperature of the cycles was in accordance with infection prevention and control guidance.

Staff spoken with confirmed that

- when laundry required to be sluiced this was done by hand.
- when the linen skips with soiled linen were brought to the laundry the soiled linen was then transferred by hand into the plastic laundry bins.
- infected linen was placed directly into a water soluble bag.

However staff were unaware that linen contaminated with body fluids should also be placed directly into water soluble bags and not directly into the linen skips.

The management and hand sluicing of contaminated linen was evidenced to be managed contrary to best practice in infection prevention and control. A requirement was made.

The practice of hand sluicing contaminated laundry was discussed with the registered manager and regional manager who agreed that the practice would cease immediately.

The laundry equipment was in use during the day and night when the laundry was unsupervised. The unsupervised operation of the laundry should be discussed with the fire risk assessor and advice sought how to best manage the laundry with regard to fire safety. RQIA should be informed of the outcome of this discussion. A recommendation was made.

5.5.3. Consultation with Patients, their representatives and staff.

Discussion took place with 7 patients individually and with the majority of patients in smaller groups. Comments from patients regarding the quality of care, food and in general the life in the home were positive. One patient commented that they found the day was long and they would like some organised activities. This opinion was shared with the registered manager who agreed to review the provision of activities. Four patients were assisted to complete a questionnaire during the inspection. Patients responded that they were satisfied or very satisfied with their care.

Three patients' representatives spoken with confirmed that they were happy with the standard of care and communication with staff in the home. One relative commented that they would like to see more activities for the patients. This comment was shared with the registered manager.

Two questionnaires, completed by relatives, were returned to RQIA following the inspection. Both respondents indicated that they were satisfied or very satisfied that the care was safe, effective and compassionate. The following comment was received:

"All staff from domestic through to nursing staff are caring and respectful. They listen to your comments/concerns and will always do their best to help."

Staff commented positively with regard to staffing and the delivery of care. Staff were knowledgeable regarding their patient's needs, wishes and preferences.

Ten questionnaires were issued to nursing, care and ancillary staff. Two were returned prior to the issue of this report. Generally staff were satisfied or very satisfied that care was safe and effective. One respondent indicated that they were unsatisfied that care was compassionate stating that a lack of staff meant they did not have sufficient time to spend with the patients. This opinion was shared with the registered manager.

Areas for Improvement

It was required that the registered persons review the provision of staff to ensure that there are adequate staff to undertake the duties of catering, laundry and domestic assistant. This review must include the deployment of staff to ensure that best practice in food hygiene and infection prevention and control are adhered to. RQIA must be informed of the outcome of the review. An urgent action record, as referenced in section 1.2 of this report, was issued.

It was required that the management of laundry must be reviewed to ensure that regional guidance on infection prevention and control is adhered to. The review must include:

- the adequacy of the washing machines with regard to the sluicing and decontamination programmes
- policies and procedures for the management of laundry
- staff knowledge of the correct procedures for the management of contaminated laundry
- staff practice and adherence to correct laundry procedures.

RQIA must be informed of the outcome of the review. An urgent action record, as referenced in section 1.2 of this report, was issued.

The unsupervised operation of the laundry should be discussed with the fire assessor and advice sought how to best manage the laundry with regard to fire safety. RQIA should be informed of the outcome of this discussion. A recommendation was made.

Number of Requirements:	2	Number of Recommendations:	1
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Bella Calip, registered manager and Mrs Linda Kelly, regional 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 in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 20(1)(a)</p> <p>Stated: First time</p> <p>To be Completed by: 17 December 2015</p>	<p>The registered persons must review the provision of staff to ensure that there are adequate staff to safely undertake the duties of catering, laundry and domestic assistant. This review must include the deployment of staff to ensure that best practice in food hygiene and infection prevention and control are adhered to. RQIA must be informed of the outcome of the review.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Deployment of staffs to undertake specific duties of catering, laundry and domestic assistant has been specified in the duty rota. One staff has been deployed to do catering, one in the laundry and one for domestic. Staff assigned in the catering is aware not to undertake other duties on the floor except kitchen duties to ensure the best practice in food hygiene and infection prevention and control is adhered to.</p>
<p>Requirement 2</p> <p>Ref: Regulation 13(7)</p> <p>Stated: First time</p> <p>To be Completed by: 17 December 2015</p>	<p>The registered person must review the management of laundry to ensure that regional guidance on infection prevention and control is adhered to. The review must include:</p> <ul style="list-style-type: none"> • adequacy of the washing machines with regard to the sluicing and decontamination programmes • policies and procedures for the management of laundry • staff knowledge of the correct procedures for contaminated laundry • staff practice and adherence to correct laundry procedure. <p>RQIA must be informed of the outcome of the review.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: New washing machine has been purchased on 15/01/16 and in used. Policies and procedures for management of laundry being reviewed. Staff meeting held on the 26/11/15 to reinforce good practice in correct laundry procedure. Audits by manager is done monthly to ensure that staff adhere to correct laundry procedure.</p>

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 39.4</p> <p>Stated: First time</p> <p>To be Completed by: 14 January 2016</p>	<p>It is recommended that training on communication, palliative and end of life care should be provided for all grades of staff appropriate to their roles and responsibilities.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Further training on Palliative and end of life care for staff -ongoing. Training on Palliative Awareness on 20/01/16 was attended by 4 staffs. Other trainings to be booked for staffs to attend.</p>
<p>Recommendation 2</p> <p>Ref: Standard 36.2</p> <p>Stated: First time</p> <p>To be Completed by: 14 January 2016</p>	<p>Policies and procedures on the management of palliative and end of life care and death should be reviewed and, where necessary updated, to ensure they reflect the Guidelines and Audit Implementation Network (GAIN) Guidelines for Palliative and End of Life Care in Nursing Homes and Residential Homes in December 2013.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Policies currently being reviewed and updated.</p>
<p>Recommendation 3</p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be Completed by: 14 January 2016</p>	<p>It is recommended that link nurses for palliative and end of life care should be identified and provided with enhanced training to act as resource within the home to guide, inform and support patients, relatives and staff.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: A link nurse for the Palliative and End of Life Care has been appointed.</p>
<p>Recommendation 4</p> <p>Ref: Standard 20.2</p> <p>Stated: First time</p> <p>To be Completed by: 14 January 2016</p>	<p>It is recommended that further opportunities, to discuss end of life care, should be created by the registered nurses. Any expressed wishes of patients and/or their representatives should be formulated into a care plan for end of life care. This should include any wishes with regard to the religious, spiritual or cultural need of patients'.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Nurses liaising with residents/ relatives and care plans are being updated to reflect any changes.</p>
<p>Recommendation 5</p> <p>Ref: Standard 4.7</p> <p>Stated: First time</p> <p>To be Completed by: 17 December 2015</p>	<p>It is recommended that pain assessments are reviewed regularly and in response to changes in the patient's condition.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Pain assessment being reviewed and updated by staff on regular basis and when condition changes.</p>

Recommendation 6 Ref: Standard 47.3 Stated: First time	It is recommended that the unsupervised operation of the laundry should be discussed with the fire risk assessor and advice sought how to best manage the laundry with regard to fire safety. RQIA should be informed of the outcome of this discussion.		
To be Completed by: 17 December 2015	Response by Registered Person(s) Detailing the Actions Taken: Unsupervised operation of the laundry was discussed with the Fire Risk Assessor and advised was given with regards to fire safety. Laundry fire doors are kept closed when appliances are in used and equipments are tested and maintained as per manufacturers instructions. A written copy of the letter from the fire risk assessor was given on the inspectors follow up visit (04/02/16).		
Registered Manager Completing QIP	Bella Calip	Date Completed	09/02/16
Registered Person Approving QIP	Mr Eddie Johnston	Date Approved	09/02/16
RQIA Inspector Assessing Response	Sharon McKnight	Date Approved	26/02/16

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