



The **Regulation** and
Quality Improvement
Authority

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

Inspector: Sharon McKnight
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**Unannounced Care Inspection
of
Carryduff Nursing Home**

23 April 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 23 April 2015 from 11.00 to 17.00 hours. This inspection was underpinned by the DHSSPSNI Care Standards for Nursing Homes (2015):

Standard 4: Individualised Care and Support
 Standard 6: Privacy, dignity and Personal Care
 Standard 21: Health Care.
 Standard 39: Staff training and development

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 section, 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 17 July 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
Total number of requirements and recommendations made at this inspection	3	3

The details of the Quality Improvement Plan (QIP) within this report were discussed with the manager Ms Bella Calip and Ms Linda Kelly, assistant operations 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 Mr ES Johnston and Mr GW Beattie	Registered Manager: Ms Bella Calip (registration pending)
Person in Charge of the Home at the Time of Inspection: Ms Bella Calip	Date Manager Registered: Application for registered manager was received by RQIA on 25 September 2014 and is currently being processed.
Categories of Care: Ms Bella Calip	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 selected criteria from the following standards have been met:

Standard 4: Individualised Care and Support, criterion 8

Standard 6: Privacy, Dignity and Personal Care, criteria 1, 3, 4, 8 and 15

Standard 21: Health Care, criteria 6, 7 and 11

Standard 39: Staff Training and Development , criterion 4.

Information was received by RQIA on a number of occasions regarding concerns in relation to the management of swallowing difficulties and adherence to recommendations made by healthcare professionals.

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Following discussion with RQIA senior management, it was agreed that, as an inspection was scheduled, the focus would be extended to include the management of patients with identified swallowing difficulties.

4. Methods/Process

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

- Discussion with the manager
- discussion with the assistant operations manager
- discussion with the estates officer of the home
- discussion with patients
- discussion with staff
- review of care records
- observation of the lunch service
- observation during a tour of the premises
- evaluation and feedback.

Prior to inspection the following records were analysed:

- Inspection report and quality improvement plan from the previous care inspection on 17 July 2014
- incident reports submitted in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005
- records of contacts with RQIA, in regard to the home, via RQIA duty inspector system.

The inspector spoke with six patients individually and with the majority of others in groups, three care staff and one registered nurse.

The following records were examined during the inspection

- care records of patients
- record of complaints
- staff duty rota
- staff training records
- policy manual.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced estates inspection dated 27 January 2015. The completed QIP was returned and approved by the specialist inspector.

The estates officer, employed by the home, was available during the inspection and confirmed that the required fire safety work identified at this inspection was progressing.

5.2 Review of Requirements and Recommendations from the last care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 16 (2)</p> <p>Stated: Second time</p>	<p>The registered person must ensure that care plans are kept under review and the following information is recorded :</p> <ul style="list-style-type: none"> Care plans should be in place in relation to the prevention of pressure ulcers for patients in accordance with assessed need A daily repositioning/skin inspection chart should be put in place for patients with a wound or at risk of pressure damage. <p>Action taken as confirmed during the inspection:</p> <p>A selection of care plans reviewed evidenced that care plans were in place for the prevention of pressure ulcers.</p> <p>Daily repositioning charts were in place. However they were inconsistently completed and did not evidence that care was being delivered. A further requirement is made that the registered person must ensure that patients receive the care they require to ensure their needs are met. Records must be maintained to evidence care delivery. This element of the requirement has been subsumed into this new requirement.</p>	Partially Met
<p>Requirement 2</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: Third time</p>	<p>The registered person must provide confirmation to RQIA that all staff have completed the required mandatory training and / or training updates.</p> <p>Action taken as confirmed during the inspection:</p> <p>Review of training records and discussion with the manager and staff evidenced that mandatory training was ongoing with systems in place to support all staff to complete the required training.</p>	

<p>Requirement 3</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: Second time</p>	<p>The registered person shall make arrangements by training staff or by other measures, to prevent patients being harmed or suffering abuse or being placed at risk of harm or abuse by ensuring that</p> <ul style="list-style-type: none"> • all staff receive an annual update in Safeguarding Vulnerable Adults • all staff receive training in relation to the management of restraint. 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Systems were in place to ensure that all staff receive an annual update in safeguarding vulnerable adults. The manager confirmed that this training includes the management of restraint.</p>		
<p>Requirement 4</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p>	<p>The registered person shall make arrangements by training staff or by other measures, to prevent patients being harmed or suffering abuse or being placed at risk of harm or abuse by ensuring that complaints are assessed in accordance with regional guidelines (SOVA), to ensure any safeguarding issue/s contained therein are referred to the designated officer in the Trust in an appropriate and timely manner.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and review of the complaints record evidenced that complaints were assessed appropriately with regard to safeguarding issues.</p>		

<p>Requirement 5</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p>	<p>The registered person must make arrangements by training staff or by other measures, to prevent patients being harmed or suffering abuse or being placed at risk of harm or abuse by:</p> <ul style="list-style-type: none"> • reporting suspected, alleged or actual incidents of abuse to the relevant persons in a timely way • referring any potential safeguarding issue identified through the accident / incident reporting process in the home to the designated safeguarding officer in the health and social care trust. <p>Action taken as confirmed during the inspection: The manager was knowledgeable regarding the procedure to follow with regard to safeguarding of vulnerable adults policy and regional procedure.</p>	<p>Met</p>
<p>Requirement 6</p> <p>Ref: Regulation 30 (1) (d) (f) (g)</p> <p>Stated: First time</p>	<p>The registered person must give notice to the Regulation and Quality Improvement Authority without delay of the occurrence of –</p> <ul style="list-style-type: none"> • any event in the nursing home which adversely affects the wellbeing or safety of any patient • any accident in the nursing home, including any which have not been reported to date • any allegation of misconduct by the registered person or any person who works at the nursing home. <p>Action taken as confirmed during the inspection: Review of records evidenced that RQIA were notified appropriately of events within the nursing home.</p>	<p>Met</p>

<p>Requirement 7</p> <p>Ref: Regulation 16 (2)</p> <p>Stated: First time</p>	<p>The registered person must ensure that care plans are kept under review and are put in place</p> <ul style="list-style-type: none"> • in response to assessed need • to incorporate recommendations made by other professionals. <p>Corresponding fluid intake charts should reflect individualised patient need and ensure the following:</p> <ul style="list-style-type: none"> • the total fluid intake for the patient over 24 hours • 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>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of a selection of care records evidenced that care plans were in place, reviewed regularly and incorporated recommendations made by healthcare professionals. This element of the requirement has been met.</p> <p>Review of fluid charts evidenced that daily fluid targets were identified for patients. However not all charts were reconciled daily, there was no record to direct staff of the action to be taken if the patient did not achieve their daily target and the record of reconciliation was not recorded in the daily progress notes. This element of the requirement is assessed as partially met with the outstanding elements stated for a second time.</p>		

<p>Requirement 8</p> <p>Ref: Regulation 19 (2) Schedule 4 (13)</p> <p>Stated: First time</p>	<p>The registered person should maintain records of the food provided for patients in sufficient detail to enable any person inspecting the record to determine whether the diet is satisfactory, in relation to nutrition and otherwise, and of any special diet prepared for individual patients. Therefore a record should be maintained of the actual food eaten by each patient including any special diets taken.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Records were in place of the actual food eaten by each patient including any special diets taken.</p>		
<p>Previous Inspection Recommendations</p>		<p>Validation of Compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 5.2</p> <p>Stated: Third time</p>	<p>The registered manager should audit care records of newly admitted patients following the 11 day timescale to enable improvements to be identified in a timely manner.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection</p> <p>Audit records completed monthly were reviewed and evidenced that this recommendation has been met.</p>		
<p>Recommendation 2</p> <p>Ref: Standard 16.1</p> <p>Stated: Second time</p>	<p>It is recommended that in relation to safeguarding vulnerable adults:</p> <ul style="list-style-type: none"> • policies and procedures (including the flow-chart) are revised to fully reflect and reference all DHSSPS guidance, regional protocols (N. Ireland) and local procedures issued by the Health and Social Care Trusts (HSCT). 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The policy dated July 2014 and entitled Protection of Vulnerable Adults was viewed. This recommendation has been met.</p>		

<p>Recommendation 3</p> <p>Ref: Standard 16.3</p> <p>Stated: First time</p>	<p>It is recommended that in relation to safeguarding vulnerable adults:</p> <ul style="list-style-type: none"> • the competency and capability assessments completed for all nurses taking charge of the home includes the action to be taken in the event of an allegation of abuse • the SOVA training programme contains the relevant DHSSPS guidance, regional protocols and local Trust procedures. 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of a selection of completed competency and capability assessments and training programme evidenced that this recommendation has been addressed.</p>		
<p>Recommendation 4</p> <p>Ref: Standard 10.7</p> <p>Stated: Second time</p>	<p>It is recommended that evidence based documents in relation to restraint</p> <ul style="list-style-type: none"> • are available for ease of reference by staff • are incorporated/referenced in the home's associated policies/procedures • are incorporated/referenced in the relevant training programme. 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The Royal College of Nursing (RCN) guidance document "Let's Talk About Restraint" was available in the home and referenced in the policy.</p>		

<p>Recommendation 5</p> <p>Ref: Standard 11.7</p> <p>Stated: Second time</p>	<p>It is recommended that:</p> <ul style="list-style-type: none"> • all registered nurses undertake wound care training and their competency is assessed to ensure training has been embedded into practice. • all care staff complete training in relation to pressure area care and the prevention of pressure ulcers and their competency is assessed to ensure training has been embedded into practice. <p>Confirm percentage of staff who have attended the above training when returning the QIP.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of training records and discussion with the manager and staff evidenced that wound care training had taken place in September 2014 and further dates were available to staff throughout 2015. Percentages were provided to RQIA when the QIP was returned in September 2014. This recommendation has been met.</p>	<p>Met</p>
<p>Recommendation 6</p> <p>Ref: Standard 28.4</p> <p>Stated: First time</p>	<p>It is recommended that all staff receive training commensurate with their role in relation to:</p> <ul style="list-style-type: none"> • dysphagia • the management of nutrition • record keeping <p>Confirm the percentage of staff who have attended the above training when returning the QIP</p> <hr/> <p>Action taken as confirmed during the inspection: Review of training records and discussion with the manager and staff evidenced that training in dysphagia and the management of nutrition had been provided. RQIA were informed of the percentage of staff who attended when the QIP was returned in September 2014. This recommendation has been met.</p>	<p>Met</p>

<p>Recommendation 7</p> <p>Ref: Standard 12.1</p> <p>Stated: First time</p>	<p>It is recommended that the policy/procedure in regard to nutrition and dietary intake is updated to reflect the current evidence based guidance</p> <ul style="list-style-type: none"> • The Nutritional Guidelines and Menu Checklist for Residential and Nursing Homes (2014) • DHSSPS Promoting Good Nutrition. A Strategy for good nutritional care in adults in all care settings in N.I 2011- 2016. <p>The menu planner is also to be reviewed to ensure this evidence based guidance is incorporated</p> <hr/> <p>Action taken as confirmed during the inspection: Review of the policy evidenced that best practice guidance was available in the home and referenced in the policy. This recommendation has been met.</p>	<p>Met</p>
<p>Recommendation 8</p> <p>Ref: Standard 1.1</p> <p>Stated: First time</p>	<p>It is recommended that the following information is available for staff reference:</p> <ul style="list-style-type: none"> • Human Rights Act 1998 and European Convention on Human Rights (ECHR) DHSSPS • Deprivation of Liberty Safeguards (DOLS) <hr/> <p>Action taken as confirmed during the inspection: The Human Rights Act 1998, European Convention on Human Rights (ECHR) DHSSPS and Deprivation of Liberty Safeguards (DOLS) were available via the internet in the home. This recommendation has been met.</p>	<p>Met</p>

5.3 Continence management

Is Care Safe? (Quality of Life)

Policies and procedures were in place to guide staff regarding the management of continence.

The availability of best practice guidance documents for the management of continence was discussed with the manager. None were available in the home for staff at the time of this inspection.

Discussion with staff and review of training records confirmed that a number of staff had received training in continence care throughout 2014. Staff were knowledgeable about the important aspects of continence care including the importance of dignity, privacy and respect as well as skincare, hydration and reporting of any concerns.

Discussion with staff and review of training records confirmed that there were a number of registered nurses assessed as competent in urinary catheterisation. The registered manager informed the inspector that there was good support, and training opportunities from the local health and social care trust, if staff required an update in their training of catheterisation and/or the management of stomas.

Is Care Effective? (Quality of Management)

Review of three patients' care records evidenced that a continence assessment was in place for each patient. This assessment clearly identified the patient's individual continence needs. A care plan was in place to direct the care to adequately meet the needs of the patients. The specific type of continence pads the patient required was recorded in the care plans.

There was evidence in the patients' care records that assessments and continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate.

The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. The care plans included the patients' normal bowel patterns and made reference to the Bristol Stool Chart and the patients' normal stool type. This is good practice.

Review of patient's care records evidenced that patients and/or their representatives were informed of changes to patient need and/or condition and the action taken.

Discussion with staff and observation made during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.

Is Care Compassionate? (Quality of Care)

Discussion with the manager confirmed that where patients, or their families, have a personal preference for the gender of the staff providing intimate care their wishes will be respected. Arrangements were in place for the deployment of staff to ensure that patients have a choice of both male and female staff to assist with their personal care.

Patients spoken with confirmed that they were treated with dignity and respect, that staff were polite and respectful and that their needs were met in a timely manner.

The management of continence pants was discussed with staff who stated that these items of clothing were not personalised but managed communally.

Areas for Improvement

It is recommended that best practice guidance 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.

In the interest of patient dignity, each patient should have continence pants supplied solely for their personal use.

Number of Requirements:	0	Number of Recommendations:	2
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5.4 Additional Areas Examined

5.3.1 General environment

A review of the internal areas of the premises was undertaken. It was noted that the rooms were very warm. The heating was on at the time of this review although it was a warm day. Patients stated that they had to keep their bedroom windows open to cool the rooms. There were no room thermometers available to measure the temperatures. A staff member however stated that a temperature of 31 degrees Celsius had been measured on previous days. This temperature would be significantly above the 19 to 22 degrees Celsius range stated in the DSSPS Care Standards for Nursing Homes, April 2015. It was not possible to adjust the individual radiators as the controls were not working. The home manager, Ms. Calip, confirmed that she was aware of the heating issue and the concerns of patients and staff. Ms Calip also advised that a new heating system had been installed in 2014 and staff were unable to adjust the temperatures within the home.

Ms. Calip had arranged for the person who deals with the maintenance issues to visit the home to carry out a review of the heating system. In the meantime Ms. Calip undertook to closely monitor the room temperatures throughout the home and to share the results with RQIA. The outcome of the review of the heating system was also to be confirmed to RQIA.

Subsequent to this inspection RQIA received the results for the temperature monitoring. These results indicated that the temperatures in the home ranged from 20 degrees Celsius to 27 degrees Celsius. These temperatures would still not be comfortable for all patients. Ms. Calip also confirmed that adjustments had been made to the heating system following this inspection and arrangements had been made to complete further works.

It is required that confirmation of completion of the further works to the heating system is provided to RQIA. In addition the temperature monitoring throughout the home must continue 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 for this ongoing temperature monitoring must also be confirmed to RQIA. Room thermometers should also be provided as required throughout the premises.

5.3.2 Mealtimes and the management of patients with swallowing difficulties

Meals were served to patients in the dining room, lounges or patients bedrooms as was the patient's personal choice. The serving of the meal in the upstairs lounge was observed. Meals were transported in a heated trolley where they remained until staff were available to attend to the patients who required assistance. Staff were knowledgeable regarding patients who required modified diets as assessed by speech and language therapists (SALT). Observation over lunchtime evidenced that patients were provided with modified diets and supervised as recommended. Those patients who required a pureed meal had their meal served appropriately. Patients spoken with were complimentary regarding the standard and variety of meals served. No concerns were identified with the management of patients with swallowing difficulties during this inspection.

5.3.3 Staffing

The manager confirmed the current planned staffing arrangements. Review of the duty roster for the week of the inspection evidenced that the planned staffing arrangements were being achieved. On occasion the manager works as a registered nurse in the home. It is recommended that the capacity in which the manager works is clearly identified on the duty roster.

The inspector spoke with four staff including a registered nurses and care staff. There were no issues raised with regard to the provision of staff.

5.3.4 Patients views

Patients spoken with commented positively with regard to the staff and the care they received. Three patients expressed concern regarding the excessive in the home as referenced in section 5.3.1 of this report.

5.3.5 Staff views

Three care staff and one registered nurse spoken were knowledgeable regarding individual patient need and commented positively with regard to care delivery. Staff also expressed concerns re the temperature in the home.

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 manager and Ms Linda Kelly, assistant operations 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 the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be Completed by: 4 June 2015</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>Response by Registered Person(s) Detailing the Actions Taken: All residents have their care needs individually assessed by qualified nurses. All residents have individual records detailing the care required and carried out by care staff. These records are now audited on weekly basis by the home manager and any changes required clearly documented for the nurse who is responsible for their care, with suitable time frame for the records to be updated, indicated.</p>
<p>Requirement 2</p> <p>Ref: Regulation 16(2)</p> <p>Stated: Second time</p> <p>To be Completed by: 4 June 2015</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>Response by Registered Person(s) Detailing the Actions Taken: All fluid intake charts are now reconciled after a 12 hour period and 24 hour period. The reconciliation is now clearly documented in each resident's individual daily progress record. Any resident failing to achieve their daily intake target is now automatically referred to their own GP, by nursing staff. Discussion with GP and any treatment prescribed is clearly documented on the resident's daily progress notes.</p>
<p>Requirement 3</p> <p>Ref: Regulation 27 (2) (p)</p> <p>Stated: First time</p> <p>To be Completed by: 21 May 2015</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>Response by Registered Person(s) Detailing the Actions Taken:</p>

	Following liasing with state manager , new controls for heating system is going to be installed on May 25, 2015. New room thermometers has been purchased to monitor room temperatures for accuracy. Environment temperature monitoring is on going.		
Recommendations			
Recommendation 1 Ref: Standard 21 Stated: First time To be Completed by: 21 May 2015	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.		
	Response by Registered Person(s) Detailing the Actions Taken: Informations for stoma and catheter care is available in the home to guide staff.		
Recommendation 2 Ref: Standard 6 Criterion 11 Stated: First time To be Completed by: 21 May 2015	In the interest of patient dignity, each patient should have continence pants supplied solely for their personal use.		
	Response by Registered Person(s) Detailing the Actions Taken: Net pants has been purchased. Each resident has been given 7 pairs with name written with laundry marker.		
Recommendation 3 Ref: Standard 41 Stated: First time To be Completed by: 21 May 2015	The capacity in which the manager works should be clearly identified on the duty roster.		
	Registered manager on floor hours are now clearly indicated on staff rota to show manager working as management or RGN..		
Registered Manager Completing QIP	Bella Calip	Date Completed	21/05/15
Registered Person Approving QIP	Eddie Johnston	Date Approved	10/06/15
RQIA Inspector Assessing Response	Sharon McKnight	Date Approved	15/06/15

Please ensure the QIP is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address