



The Regulation and
Quality Improvement
Authority

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**Unannounced Care Inspection
of
The Cottage**

13 May 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 13 May 2015 from 09.45 to 16.35 hours.

This inspection was underpinned by one standard and one theme:

Standard 19 - Communicating Effectively; Theme 'End of Life Care' incorporating criteria from Standard 20 – Death and Dying; and Standard 32 - Palliative and End of Life Care.

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern. However, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

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 4 February 2015.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	7

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

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Therese Conway (Acting)	Registered Manager: Kathy Holmes
Person in Charge of the Home at the Time of Inspection: Kathy Holmes	Date Manager Registered: 01 April 2005
Categories of Care: NH-TI, NH-DE, NH-I, NH-PH, NH-PH(E)	Number of Registered Places: 67
Number of Patients Accommodated on Day of Inspection: 66	Weekly Tariff at Time of Inspection: £608 to £643

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 standard and theme have been met:

- **Standard 19: Communicating Effectively**
- **Theme; 'End of Life Care'; underpinned by selected criteria from Standard 20: Death and Dying and Standard 32: Palliative and End of Life Care**

4. Methods/Process

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

Prior to inspection the following records were examined:

- 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
- the previous care inspection report
- pre-inspection assessment audit.

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

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- the staff duty rota
- five patient care records
- staff training records
- policies for death and dying; and palliative and end of life care
- policy on breaking bad news.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 4 February 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection on 4 February 2015.

Last Care Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 15 (2) (a)&(b)</p> <p>Stated: First time</p>	<p>The registered person must ensure that where a nursing assessment is made to monitor a patient's daily fluid intake, then the patient's daily (24hour) fluid intake should be recorded in their daily progress record in order to evidence that this area of care is being properly monitored and validated by the registered nurse.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed in three patients' records that the daily (24 hour) fluid intake was monitored. Weekly audits were conducted by registered nurses. This is good practice and is commended.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 30 (1)(d)(g)</p> <p>Stated: First time</p>	<p>The registered persons must ensure that statutory notifications to RQIA are forwarded for any allegation of misconduct by any person who works in the home.</p> <p>Pressure sores of stage 2 or above must also be notified to RQIA.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that statutory notifications to RQIA were submitted appropriately.</p>	

<p>Requirement 3</p> <p>Ref: Regulation 19(1)(a) Schedule 3 (3)(K)</p> <p>Stated: First time</p>	<p>The registered person must ensure that record keeping is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance including:</p> <ul style="list-style-type: none"> • wound observation charts must be completed at the time wounds are being dressed • repositioning records must be fully completed • dressing changes and observations of wound healing must be recorded in the progress notes • care plans must be updated to reflect changes in wound treatment • bowel function must be recorded contemporaneously in patients' care records. <p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that in two patients' records, that wound observation charts were completed at the time wounds were dressed.</p> <p>Progress notes and care plans reflected changes in wound treatment.</p> <p>Repositioning records for 3 patients were found to be appropriately maintained.</p> <p>Bowel function was recorded in patients' care records. Some gaps in recording were identified. This was discussed with the registered manager, who agreed to address this issue.</p>	<p>Met</p>
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<p>Requirement 4</p> <p>Ref: Regulation 13 (1)(a)(b)</p> <p>Stated: First time</p>	<p>The registered person must ensure that at all times there is proper provision for seating arrangements in the home and the supervision of patients.</p> <p>Particular attention must focus on:</p> <ul style="list-style-type: none"> • seating arrangements for patients during mealtimes • supervision of patients receiving oxygen therapy. 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that the seating arrangements in the home had been reviewed and were appropriate. Wheelchairs were used to assist in mobilising patients throughout the home and the times patients were assisted out of the wheelchairs were recorded. This was monitored by the nurse in charge on a daily basis.</p> <p>Inspector confirmed through observation and a review of one patient's records, that there was a system in place to record the supervision of patients receiving oxygen therapy.</p>		
<p>Requirement 5</p> <p>Ref: Regulation 14 (5)&(6)</p> <p>Stated: First time</p>	<p>The registered person must ensure that no patient is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other patient and there are exceptional circumstances.</p> <p>The registered persons must ensure that there is an effective system in place to review the management of restrictive practice. A record of any evaluation or audit undertaken must be retained and any deficits identified must be fully addressed.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that there were no patients requiring the use of a seat-belt during the inspection. Weekly audits were conducted to monitor the use of alarm devices and side-rails.</p>		

<p>Requirement 6</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p>	<p>The registered person must ensure that registered nurses have undertaken training in restraint/restrictive practice and that this is fully embedded into practice.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that restrictive practices were discussed at the recent staff meeting. A copy of the home's policy on restrictive practices was available at each nurses station. A copy of the RCN guidance document 'Let's Talk About Restraint' was also available in each nurses station and there were signatures available, to evidence that the staff had read this. However, formal training in restrictive practices had not taken place.</p> <p>This was discussed with the registered manager who provided assurances that this would be provided. Training material for the planned training was reviewed and the content was deemed to be satisfactory.</p> <p>A requirement has been stated for the second time.</p>	<p>Partially Met</p>
<p>Requirement 7</p> <p>Ref: Regulation 13 (4)(b)</p> <p>Stated: First time</p>	<p>The registered persons must ensure that prescribed creams and thickening agents are not used for patients for whom they have not been prescribed.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that creams and thickening agents were not used for patients for whom they had not been prescribed.</p>	<p>Met</p>

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 5.1 Stated: Second time	<p>Any documents received from the referring Healthcare Trust should be dated and signed when received.</p> <hr/> <p>Action taken as confirmed during the inspection: Inspector confirmed that two documents pertaining to patient care reviews were signed and dated on receipt.</p>	Met
Recommendation 2 Ref: Standard 5.6 Stated: First time	<p>Bowel function, reflective of the Bristol Stool Chart should be recorded on admission as a baseline measurement and thereafter in the patients' daily progress records.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of five patients' care records confirmed that a baseline measurement of patients' bowel function was recorded and recorded thereafter in the patients' daily progress notes.</p>	Met
Recommendation 3 Ref: Standard 19.1 Stated: First time	<p>Continence assessments should be comprehensive, regularly updated and used to inform the care plans.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of five continence assessment confirmed that continence assessments were updated regularly. Care plans reflected the information contained in the continence assessments.</p>	Met
Recommendation 4 Ref: Standard 19.4 Stated: First time	<p>Registered nurses should be provided with training in urinary catheterisation.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of training records confirmed that two staff had received training in male catheterisation.</p>	Met
Recommendation 5 Ref: Standard 25.12 Stated: First time	<p>The registered person should further develop the template of the Regulation 29 visits to include the monitoring of restraint and seating arrangements for patients.</p>	Met

	<p>Action taken as confirmed during the inspection: A review of the recent Regulation 29 visit report confirmed that restrictive practices and seating arrangements were being monitored.</p>	
<p>Recommendation 6 Ref: Standard 11.7 Stated: First time</p>	<p>The registered manager should ensure that wound care dressings are applied appropriately and that that wound assessments are carried out and used to inform the care plans.</p> <p>Action taken as confirmed during the inspection: A review of two patients' care records confirmed that wound observation charts and care plans were completed. A review of progress notes confirmed that registered nurses had recorded when wounds were dressed.</p>	Met
<p>Recommendation 7 Ref: Standard 17.6, 17.10 & 17.16 Stated: First time</p>	<p>The registered manager should establish a process to determine complainant' satisfaction with actions taken. Information should also be provided to complainants with regards to what they can do, if they remain dissatisfied with the outcome that has been provided.</p> <p>Action taken as confirmed during the inspection: A review of complaints records confirmed that there were two ongoing complaints. Considering the complaints were open, the inspector was unable to verify compliance with this recommendation.</p> <p>This recommendation will be carried forward for future inspection.</p>	Not Examined

5.2 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy was available on the fundamentals in palliative care and reflected current best practice, including regional guidelines on Breaking Bad News. Discussion with three nursing staff confirmed that they were knowledgeable regarding this policy and procedure.

A review of training records did not evidence that staff had completed formal training in relation to communicating effectively with patients and their families/representatives, however all staff consulted confirmed good knowledge of the skills required to communicate effectively, specifically when breaking bad news. Communication skills were included in the staff's induction programme.

Is Care Effective? (Quality of Management)

Care records did not reflect patients' individual needs and wishes regarding the end of life care or make reference to the patient's specific communication needs.

A review of five care records evidenced that options and treatment plans and the breaking of bad news was not discussed with patients and/or their representatives. There was evidence within the records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Three registered nurses consulted demonstrated their ability to communicate sensitively with patients and/or representatives when breaking bad news. When the need for breaking of bad news was raised, two care staff felt that they would refer relatives to the registered nurses. Two care staff felt that they would benefit from further training in communication skills regarding end of life care.

Is Care Compassionate? (Quality of Care)

Discussion was undertaken with five staff, including three registered nurses who had the responsibility of being in charge of the home, regarding how staff communicate with patients and their representatives. All staff demonstrated a good awareness, relevant to their role, of the need for sensitivity when communicating with patients and/or their representatives. We observed a number of communication interactions throughout the inspection that confirmed that this knowledge was embedded into practice. These observations included staff assisting patients with personal care, assisting patients with meals and speaking with frail patients. There was a calm atmosphere in the home throughout the inspection.

Staff spoken with emphasised the importance of developing good relationships with patients and/or their representatives. Nursing staff consulted were able to demonstrate how they delivered bad news sensitively.

We consulted three patients and two patient representatives during the inspection who confirmed that patients were treated with respect and dignity at all times. Both patient representatives spoken with stated that the staff were very supportive, patients were treated with respect and dignity and that the care was very good.

Areas for Improvement

Care staff involved in caring for patients who require end of life care should be provided with communication training, to develop their confidence in discussing care issues with patients' relatives/representatives.

Number of Requirements:	0	Number of Recommendations: *1 recommendation is made under standard 32 below	0*
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5.3 Theme 'End of Life Care'

'The palliative and end of life care needs of patients are met and handled with care and sensitivity.'

Is Care Safe? (Quality of Life)

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home. These documents did not reflect best practice guidance such as the GAIN Palliative Care Guidelines, November 2013. A separate policy on the management of patients' property was available, however the procedure for managing personal effects and belongings was the same for patients who were being discharged and did not include family member involvement. The policy on the fundamentals of palliative care included guidance reflective of Breaking Bad News.

Training records evidenced that staff were not trained in the management of death, dying and bereavement. Registered nursing staff and care staff were aware of and able to demonstrate knowledge of the GAIN Palliative Care Guidelines November 2013.

A review of the training records evidenced that a number of staff had completed training in respect of palliative/ end of life care, however this was not current.

Discussion with three nursing staff confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

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

A protocol for timely access to any specialist equipment or drugs was unavailable, however discussion with three nursing staff confirmed their knowledge of the protocol.

There were no patients requiring the use of a syringe driver on the day of the inspection. A review of training records confirmed that training in the use of syringe drivers had been provided. Discussion with the responsible person confirmed that update training would be sought from the local healthcare trust link nurse at the time of a patient's admission, if such specialist equipment was required.

There was no identified palliative care link nurse identified. This was discussed with the registered manager, who confirmed that arrangements were in place to provide training to one registered nurse, who would undertake this role.

Is Care Effective? (Quality of Management)

A review of five care records evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis. This included the management of hydration and nutrition, pain management and symptom management. However, there was no evidence that the patient's wishes and their social, cultural and religious preferences were considered. Care records evidenced discussion between the patient, their representatives and staff in respect of their wishes regarding resuscitation, however there was no care plan specifically addressing end of life care.

A key worker/named nurse was identified for each patient approaching end of life care. There was evidence that referrals had been made to the specialist palliative care team and where instructions had been provided, these were evidently adhered to.

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wish with the person. Discussion with the registered manager and three nursing staff regarding how shared rooms were managed, confirmed that arrangements were made to move the dying person to a vacant room, if possible. In circumstances where this was not possible, staff stated that visitors would have to be limited.

A review of notifications of deaths to RQIA during the previous inspection year were reviewed and were maintained appropriately.

Is Care Compassionate? (Quality of Care)

Discussion with three staff demonstrated an awareness of patients' expressed wishes and needs.

Staff confirmed that there was a lounge available for relatives to use and that catering/snack arrangements would be provided.

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

Discussion with the manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

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

From discussion with the manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included staff meetings or 1:1 counselling, if required.

Information regarding support services was available and accessible for staff, patients and their relatives. This information included a leaflet from the Health and Social Care Bereavement Network. This availability of additional leaflets was discussed with the registered manager, who agreed to source more copies.

Areas for Improvement

It is recommended that registered nurses develop care plans, as relevant, on patients requiring end of life care. The care plans should include patients' and or their representatives' communication needs and wishes; cultural, spiritual and religious preferences; and environmental considerations.

The policies on death, dying and bereavement; and the policy of palliative and end of life care should be developed in line with current best practice.

The registered manager should review the arrangements for managing shared room, when a patient is dying.

Training should be provided in staff, relevant to their roles in communicating effectively; death, dying and bereavement; and palliative and end of life care.

Relevant information on support services should be further developed, to ensure that patients and their relatives have access to support services that are based in Northern Ireland.

A palliative care link nurse should be appointed, to ensure that there is a nominated person in the home with up to date knowledge and skills in providing symptom control and comfort. Additional information leaflets should be made available for patients' relatives/representatives.

Number of Requirements:	0	Number of Recommendations:	5
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5.4 Additional Areas Examined

Staffing

Staffing arrangements were reviewed. Although the total numbers of staff required to meet patient need were in place, the skill mix of registered nurses to care staff was not adequate. This was discussed with the registered manager who confirmed that two registered nurses were in the process of being recruited. A recommendation has been made to address this.

Questionnaires

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

Questionnaire's issued to	Number issued	Number returned
Staff	10	10
Patients	6	3
Patients representatives	6	6

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

Staff

“Team work is at a high level at The Cottage. I am very happy here”

“I find The Cottage very homely and the management to be very particular”

“We support each other and ensure the wellbeing of the residents are met to the best of our ability”

Patients

“I feel safe. I think it is very good”

“I feel quite safe. I am not worried”

“Overall very good”

“I have no suggestions. It is all good”

“The day can be very long for me. Activities are very welcome”

“I miss getting out for a spin in the care”

Patients’ representatives

“All staff treat my mother well and are helpful to relatives and friends who visit”

“My relative is treated with dignity and respect even though (he/she) is very vulnerable and cannot communicate verbally”

“We are very pleased with the care. Our relative is treated with dignity and all staff make him and ourselves feel at home”

“This home has worked out well. We are very pleased”

“It is essentially ‘a home from home’. The staff are very friendly and it is good to see continuity of staff”

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. 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	
Requirement 1 Ref: Regulation 14 (4) Stated: Second time To be Completed by: 01 August 2015	The registered person must ensure that registered nurses have undertaken training in restraint/restrictive practice and that this is fully embedded into practice. Response by Registered Persons Detailing the Actions Taken: Training has been provided on restraint and restrictive practice. The Manager and Senior Nurses monitor care practices on a daily basis.
Recommendations	
Recommendation 1 Ref: Standard 17.6, 17.10 & 17.16 Stated: First time	The registered manager should establish a process to determine complainant' satisfaction with actions taken. Information should also be provided to complainants with regards to what they can do, if they remain dissatisfied with the outcome that has been provided. Carried forward from previous inspection.

To be Completed by: 01 July 2015	Response by Registered Persons Detailing the Actions Taken: A process has been established to determine complainant satisfaction which includes the actions taken and information provided to the complainant with regards to what the complainant can do if they remain dissatisfied with the outcome provided. A copy of the complaints procedure is issued to all relatives on admission, and is also displayed on the relatives' notice board.
Recommendation 2 Ref: Standard 20.6 Stated: First time To be Completed by: 01 July 2015	It is recommended that the arrangements for patients who occupy shared rooms are reviewed. Response by Registered Persons Detailing the Actions Taken: An alternative temporary bedroom has been identified for use in situations where a patient is in shared accommodation at the end stages of their life.

<p>Recommendation 3</p> <p>Ref: Standard 36.2 & 36.4</p> <p>Stated: First time</p> <p>To be Completed by: 01 July 2015</p>	<p>All policies and procedures should be reviewed to ensure that they are subject to a three yearly review.</p> <ul style="list-style-type: none"> • A policy on palliative and end of life care should be developed in line with current regional guidance, such as GAIN (2013) <i>Palliative Care Guidelines (2013)</i> • A policy on death and dying should be developed in line with current best practice, such as DHSSPSNI (2010) <i>Living Matters: Dying Matters</i> and should include the procedure for dealing with patients' belongings after a death and the management of shared rooms. • A protocol on accessing specialist equipment and medications should be developed. <p>The policies and guidance documents listed above, should be made readily available to staff.</p> <p>Response by Registered Persons Detailing the Actions Taken: All policies and procedures are reviewed at least 3-yearly, and made readily available for all staff. The policy on palliative and end of life care has been reviewed in accordance with current best practice which also includes the protocol for assessing specialist equipment and medications.</p>
<p>Recommendation 4</p> <p>Ref: Standard 39.4</p> <p>Stated: First time</p> <p>To be Completed by: 01 August 2015</p>	<p>Training should be provided to staff, relevant to their roles in:</p> <ul style="list-style-type: none"> • Communicating effectively • Death, dying and bereavement • Palliative and end of life care <p>Response by Registered Persons Detailing the Actions Taken: Training has been provided for staff in communication; death, dying and bereavement and palliative and end of life care.</p>
<p>Recommendation 5</p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be Completed by: 01 July 2015</p>	<p>Relevant information on support services should be further developed, to ensure that patients and their relatives have access to support services that are based in Northern Ireland.</p> <p>A palliative care link nurse should be appointed, to ensure that there is a nominated person in the home with up to date knowledge and skills in providing symptom control and comfort.</p> <p>Response by Registered Persons Detailing the Actions Taken: Relevant information on support services is available for all relatives. Details on advocacy agencies are provided to relatives on admission, and leaflets are readily available at the front door. A palliative care link nurse has been appointed.</p>

<p>Recommendation 6</p> <p>Ref: Standard 4.1 & 4.5</p> <p>Stated: First time</p> <p>To be Completed by: 01 July 2015</p>	<p>It is recommended that registered nurses develop care plans, as relevant, on patients requiring end of life care.</p> <p>Care plans should include patients' and or their representatives':</p> <ul style="list-style-type: none"> • Communication needs and wishes • Cultural, spiritual and religious preferences • Environmental considerations. <p>Response by Registered Persons Detailing the Actions Taken: Care plans have been developed for patients requiring end of life care, and include communication needs and wishes, cultural, spiritual and religious preferences and environmental considerations. These are regularly audited by the Registered Manager.</p>		
<p>Recommendation 7</p> <p>Ref: Standard 30.1 & 30.2</p> <p>Stated: First time</p> <p>To be Completed by: 01 July 2015</p>	<p>The registered person must ensure that staffing levels are reviewed to ensure that at all times there are sufficient numbers of staff and skill mix deployed to meet the needs of the patients in the home.</p> <p>Response by Registered Persons Detailing the Actions Taken: Staffing levels are reviewed daily to ensure the numbers of staff and skill mix deployed meet the needs of the patients in the home.</p>		
<p>Registered Manager Completing QIP</p>	<p>Kathy Holmes</p>	<p>Date Completed</p>	<p>15.07.15</p>
<p>Registered Person Approving QIP</p>	<p>Therese Conway</p>	<p>Date Approved</p>	<p>16.07.15</p>
<p>RQIA Inspector Assessing Response</p>	<p>Aveen Donnelly</p>	<p>Date Approved</p>	<p>20.07.2015</p>

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

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to RQIA from the authorised email address