



The Regulation and
Quality Improvement
Authority

Unannounced Care Inspection

Name of Establishment: Our Mother of Mercy

RQIA Number: 1493

Date of Inspection: 19 February 2015

Inspector's Name: Donna Rogan and Patricia Galbraith

Inspection ID: IN017281

**The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501**

1.0 General Information

Name of Establishment:	Our Mother of Mercy Private Nursing Home
Address:	1 Home Avenue Newry BT34 2DL
Telephone Number:	(028) 3026 2086
Email Address:	omom@kilmoreycare.com
Registered Organisation/ Registered Provider:	Kilmorey Care Ltd
Registered Manager:	Elizabeth Doran
Person in Charge of the Home at the Time of Inspection:	Elizabeth Doran
Categories of Care:	NH-I, NH-PH, NH-PH(E), RC-I, RC-MP, RC- MP(E), NH-LD, NH-LD(E)
Number of Registered Places:	48
Number of Patients Accommodated on Day of Inspection:	45 2 in hospital 1 vacant
Scale of Charges (per week):	£450.00 (Residential) £567.00 (Nursing)
Date and Type of Previous Inspection:	9 January 2014 Primary Unannounced Inspection
Date and Time of Inspection:	19 February 2015 10.15 – 16.30 hours
Name of Inspectors:	Donna Rogan Patricia Galbraith

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

4.0 Methods/Process

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

- discussion with the registered nurse manager
- discussion with the nurse in charge
- discussion with staff
- discussion with patients individually and to others in groups
- review of a sample of policies and procedures
- review of a sample of staff training records
- review of a sample of staff duty rotas
- review of a sample of care plans
- observation during a tour of the premises
- evaluation and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke with:

Patients/Residents	25
Staff	10
Relatives	3
Visiting Professionals	0

Questionnaires were provided by the inspector, during the inspection, to patients their representatives and staff to seek their views regarding the quality of the service.

Issued To	Number Issued	Number Returned
Patients/Residents	3	3
Relatives/Representatives	4	4
Staff	9	4

6.0 Inspection Focus

Prior to the inspection, the responsible person/registered manager completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by the responsible person/registered manager in the self-assessment were not altered in any way by RQIA.

However, due to workload pressures and contingency measures within the Regulation Directorate, the themes/standards within the self-assessment were not inspected on this occasion.

This inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard.

Standard 19 - Continence Management

Patients receive individual continence management and support.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance Statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of Service

Our Mother of Mercy Private Nursing and Residential Home provides care for a maximum of 48 persons assessed as requiring nursing or residential care.

The facility is a three-story building which is located on the outskirts of Newry City. There are three sitting rooms, an oratory, dining room, kitchen, laundry, toilet/washing facilities, staff accommodation and offices. The home has adjacent gardens and several car parking spaces are available within the home grounds.

Nursing care

NH-I old age not falling into any other category
 NH-PH physical disability other than sensory impairment under 65
 NH-PH(E) physical disability other than sensory impairment over 65 years
 NH-DE dementia
 NH-LD learning disability
 NH-LD (E) learning disability – over 65

Conditions of registration: A maximum of 6 patients in category NH-DE and a maximum of 2 patients category NH-LD/LD (E)

Residential care

I old age not falling into any other category
 RC-MP mental disorder excluding learning disability or dementia
 RC-MP (E) mental disorder excluding learning disability or dementia – over 65

8.0 Executive Summary

The unannounced care inspection of Our Mother of Mercy Care Home was undertaken by Donna Rogan, accompanied by Patricia Galbraith on 19 February 2015 between 10:15 and 16:30 hours. The inspection was facilitated by Elizabeth Doran, registered manager, who was available for verbal feedback at the conclusion of the inspection. The registered person Mrs Peggy O'Neil was also available for feedback.

As a result of the previous inspection conducted on 9 January 2014, eight requirements were made. They were reviewed during this inspection. The inspector evidenced that all eight requirements were fully complied with. Three recommendations were made during the previous inspection. The inspector evidenced that all three recommendations were fully complied with. Details of the actions taken regarding the previous requirements can be viewed in the section immediately following this summary.

The focus of this inspection was Standard 19: Continence Management.

There was evidence that a continence assessment had been completed for all patients. This assessment formed part of a comprehensive and detailed assessment of patient needs from the date of admission and was found to be updated on a regular basis and as required. The assessment of patient needs was evidenced to inform the care planning process. The continence assessment and care plan stated the type of continence product to be used and the level support to be given to the patient.

Policies, procedures and guidelines in the promotion of continence and the management of incontinence were available in the home. Discussion with the registered manager confirmed that staff were trained in continence care. A review of the training records evidenced that nine registered nurses were trained in the management of catheter care. Care staff spoken with stated they also have received training on continence management and this included product training. A recommendation is made that a policy and procedure is developed to guide staff on the management of stoma care.

9.0 Additional Areas Examined

Care Practices
Complaints
NMC Declaration
Patients Comments
Relatives Comments
Staff Comments
Environment

Five care records were reviewed and the overall standard of care records was observed to be well improved since the previous inspection. All were found to be reflective of the patients' needs. They were updated in a contemporaneous manner. A requirement has been made in relation to the environment.

Details regarding the inspection findings for these areas are available in the main body of the report.

10.0 Conclusion

The inspector can confirm that at the time of this inspection, the delivery of care to patients was evidenced to be of a good standard and patients were observed to be treated by staff with dignity and respect. Good relationships were evident between staff and patient. There were processes in place to ensure the management of continence care. One recommendation was made in regard to this theme and one requirement is made in relation to the environment.

The inspectors would like to thank the registered manager, registered person, patients, relatives, registered nurses and staff for their assistance and co-operation throughout the inspection process.

11.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	15 (2) (b)	Ensure more meaningful evaluations are recorded.	A review of five care records evidenced a more meaningful evaluation recorded.	Compliant
2	20 (1) (c) (iii)	Ensure training records are maintained in the home as discussed.	The training records were maintained in the home and were available for inspection.	Compliant
3	13 (7)	<p>Ensure the identified infection control link nurse is supported with appropriate education and training to undertake the role.</p> <p>Ensure a consistently robust infection control audit process is put in place.</p>	<p>The registered manager confirmed that an infection control link nurse had been appointed . However, has since left employment. The registered manager states that she is the nominated person until a new staff member is appointed and receives up to date training.</p> <p>Infection control audits are regularly conducted by the registered manager. Records are retained.</p>	Compliant
4	14 (4)	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	A review of the staff training records evidenced that training has been conducted for staff in safeguarding vulnerable adults. Competency and capability records have been completed and include competencies in the management of safeguarding incidents or managing allegations of abuse. Staff spoken with during the inspection were able to demonstrate sound knowledge regarding best	Compliant

		<ul style="list-style-type: none"> ensuring that all staff complete safeguarding vulnerable adult training annually ensuring competency and capability assessments are completed for all nurses taking charge of the home, which includes the action to be taken in the event of an allegation of abuse 	practice arrangements.	
5	15 (2)	<p>The registered person shall ensure that the assessment of the patient's needs is;</p> <p>(a) kept under review; and</p> <p>(b) revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually, by ensuring</p> <ul style="list-style-type: none"> a consistent 	<p>Five care records were reviewed and those reviewed evidenced that they had been kept under review, were revised when necessary, were consistent in regards to bedrail management. Pain assessments were appropriately undertaken and the date was recorded on the fall risk assessment. Registered nurses confirmed that they used the European Pressure Ulcer Advisory Panel Classification System. Wound assessments included the dimensions of the wound. There was evidence of a body map having been undertaken where relevant.</p>	Compliant

		<p>approach is taken to bedrail risk assessment,</p> <ul style="list-style-type: none"> • a pain assessment is undertaken when patients are prescribed analgesia • the date is recorded on fall risk assessments • pressure ulcers are graded using the European Pressure Ulcer Advisory Panel Classification System • wound assessment includes the dimensions of the wound and photography • body mapping assessment is undertaken. 		
6	20 (1) (c) (1)	<p>The registered person shall having regard to the size of the nursing home, the statement of purpose and the number and needs of patients-</p> <p>(c) ensure that the persons employed by the registered</p>	<p>A review of staff training records evidenced that staff had received their appraisal and mandatory training to the work they are to perform. There was also evidence of training in the European Pressure Ulcer Advisory Panel Classification System. All registered nurses and care staff have received training in wound care.</p>	Compliant

		<p>person to work at the nursing home receive</p> <p>(1) appraisal, mandatory training and other appropriate training to the work they are to perform to include;</p> <ul style="list-style-type: none"> • classification of pressure ulcers using the European Pressure Ulcer Advisory Panel Classification System • all registered nurses undertake wound care training • all care staff complete training in relation to pressure area care and the prevention of pressure ulcers. <p>The registered manager is requested to confirm compliance rates with the above training when returning the Quality Improvement Plan (QIP).</p>	<p>The registered manager confirmed the compliance rates to the RQIA with the above training in the returned QIP.</p>	
7	12 (1) (c)	<p>The registered person shall provide treatment, and any other services to patients in</p>	<p>There were hoist scales available in the home during the inspection.</p>	Compliant

		<p>accordance with the statement of purpose, and shall ensure that the treatment and other services provided to each patient- are (where necessary) provided by means of appropriate aids or equipment;</p> <ul style="list-style-type: none"> • by ensuring the provision of suitable weighing scales. 		
8	16 (2) (b)	<p>The registered person shall ensure that –</p> <p>(b) the patient’s plan is kept under review by ensuring that</p> <ul style="list-style-type: none"> • a care plan is put in place as identified for pain, continence and wound management • a care plan is put in place to reflect daily food and fluid requirements as identified, including the action be taken if targets are not being 	<p>A review of five care records evidenced care plans to contain appropriately completed pain, continence and wound management records.</p> <p>Care plans reflected daily food and fluid requirements which included the action taken should the targets not be met.</p> <p>Care plans evidenced that care plans included pressure relieving equipment, daily repositioning and skin inspection charts.</p> <p>There was evidence in the care records of discussions with relevant professional and representative stakeholders where relevant.</p>	Compliant

		<p>achieved</p> <ul style="list-style-type: none"> • identified care plans are further developed to include the pressure relieving equipment in place, daily repositioning and skin inspection processes for patients with wounds and or at risk of pressure damage. • identified care plans reflects further discussion / partnership in care planning with relevant professional and representative stakeholders as discussed. 		
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	Ref: 35.5	It is recommended that: <ul style="list-style-type: none"> the risk assessment is further developed in relation to the identified balcony and action taken where necessary. 	The identified balcony has had work completed and is now not deemed as being a risk to patients, relatives or staff.	Compliant
2	Ref: 10.7	It is recommended that: <ul style="list-style-type: none"> the evidence based document, "Let's talk about restraint" Rights, risk and responsibility (RCN 2008) is made available to all registered nurses 	The document "Let's talk about restraint Rights risk and responsibility (RCN 2008)" was available for all registered nurses.	Compliant
3	Ref: 5.3	It is recommended that: <ul style="list-style-type: none"> the current consent documentation is reviewed to reflect best practice guidance 	Consent documentation has been revised since the last inspection and implemented.	Compliant

12.0 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a 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.

Since the previous inspection of 9 January 2014, RQIA have not been notified by the home or SEHSCT of ongoing investigations in relation to potential or alleged safeguarding of vulnerable adults (SOVA) issues.

13.0 Inspection Findings

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed:	COMPLIANCE LEVEL
19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual’s assessed needs and comfort.	
Inspection Findings:	
<p>Review of five patients’ care records evidenced that bladder and bowel continence assessments were undertaken. The outcome of the assessments, including the type of continence products to be used, was incorporated into all three patient’s care plan on continence care.</p> <p>There was evidence in five patients care records that bladder and bowel assessments and continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate. Care records evidenced that the Bristol Stool chart was referenced in patients’ records and the monthly evaluation of the care plan.</p> <p>The promotion of continence, skin care, fluid requirements and patients’ dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients were referred to their General Practitioners as appropriate.</p> <p>Review of five patients’ care records evidenced that patients or their representatives had been involved in discussions regarding the agreeing and planning of nursing interventions.</p> <p>Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.</p>	<p>Compliant</p>

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

Criterion Assessed:

19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.

COMPLIANCE LEVEL

Inspection Findings:

The inspector can confirm that the following policies and procedures were in place;

- continence management / incontinence management
- catheter care

A policy and procedure should be in place regarding the management of Stoma Care, a recommendation is made this regard.

The following guidelines were available for staff consultation;

- British Geriatrics Society Continence Care in Residential and Nursing Homes
- NICE guidelines on the management of urinary incontinence
- NICE guidelines on the management of faecal incontinence

Discussion with staff revealed that they had an awareness of these policies, procedures and guidelines.

Substantially Compliant

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.	COMPLIANCE LEVEL
Inspection Findings: Not applicable	Not applicable
Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.	COMPLIANCE LEVEL
Inspection Findings: Discussion with the registered manager and review of training records confirmed that staff were trained and assessed as competent in continence care. Discussion with the registered manager revealed that all the registered nurses in the home were deemed competent in female catheterisation and the management of stoma appliances.	Compliance

Inspector's overall assessment of the nursing home's compliance level against the standard assessed	Substantially Compliant
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14.0 Additional Areas Examined

14.1 Care Practices

During the inspection staff were noted to treat the patients with dignity and respect. Good relationships were evident between patients and staff.

Patients were well presented with their clothing suitable for the season. Staff were observed to respond to patients' requests promptly. The demeanour of patients indicated that they were relaxed in their surroundings.

14.2 Complaints

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

The inspector discussed the management of complaints with the registered manager and reviewed the complaint record. This evidenced that complaints were managed in a timely manner and in accordance with legislative requirements.

14.3 Patient Finance Questionnaire

Prior to the inspection a patient financial questionnaire was forwarded by RQIA to the home for completion. The evidence provided in the returned questionnaire indicated that patients' monies were being managed in accordance with legislation and best practice guidance.

14.4 NMC Declaration

Prior to the inspection the registered manager was asked to complete a proforma to confirm that all nurses employed were registered with the Nursing and Midwifery Council of the United Kingdom (NMC).

The evidence provided in the returned proforma indicated that all nurses, including the registered manager, were appropriately registered with the NMC.

14.5 Patients' Views

During the inspection the inspector spoke to 25 patients individually and to others in groups. Patients whom the inspector could communicate indicated that they were satisfied with the standard of care, facilities and services provided in the home. These patients indicated by positive gestures that they were happy living in the home. Examples of patients' comments were as follows:

"This is a great place"

"The staff are wonderful people"

"I cannot complain about a thing, everyone is so kind"

"I want for nothing, I'm well cared for"

There were three patient questionnaires issued during this inspection. Comments returned in the questionnaires included the following;

“Staff check on me regularly to see if I need anything”
 “I get help with washing and dressing when I need it”
 “Very happy with the staff and care”

There were no issues raised by patients during this inspection.

14.6 Relatives’ views

The inspector spoke with three relatives during the inspection and four relatives returned comments in completed questionnaires. All three relatives and the comments returned in the questionnaires were commendable regarding the care in the home and the care their relative was receiving.

The following comments were made;

“I could not ask for any better care for my relative”
 “It is exceptional here; everyone is so friendly and welcoming”
 “I have every confidence in the staff and they keep me well informed”
 “Staff always listens to my views about my relative’s care”
 “Care is first class medical and personal. I have no worries about my relative”
 “Very happy atmosphere, my husband is included in everything; he is treated with nothing but respect”
 “The home is a welcoming warm place, staff couldn’t be better”
 “I feel happy and carefree about the care my relative gets”

There were no issues raised to the inspector during the inspection by relatives.

14.7 Staff views

During the inspection the inspector spoke with approximately ten staff. Staff spoken with expressed satisfaction with the level of care in the home. All stated that the staffing arrangements were sufficient in numbers to meet the needs of the patients. Staff spoken with informed the inspector that they had regular staff meetings and were confident if they required to raise issues that they could approach management and have them resolved.

Comments made to the inspector and returned in the four staff questionnaires included the following;

“We all work as a team”
 “I feel we are adequately trained”
 “All individual needs tastes are catered for this includes special needs and diets”
 “The quality of care in Our Mother of Mercy is truly excellent. I also have a relative in the home and I cannot fault it in any way”
 “Staff are dedicated to patients and treat them as part of the family”
 “I think this home has the best hard working and caring staff”
 “We always had to maintain a high standard of care we love all our residents and I think it shows through in our care”

There were no issues raised by staff to the inspector during the inspection or in the returned questionnaires.

11.7 Environment

The inspectors undertook an inspection of the premises and viewed the majority of the patients' bedrooms, bathroom, shower and toilet facilities and communal areas. The home was comfortable and all areas were maintained to a high standard of hygiene. The inspector commended the standard of cleanliness to domestic staff on duty on the day of inspection.

The following issues are required to be addressed;

- New flooring is required in the sun lounge
- Repair the television in the sun lounge
- Replace old worn furniture
- Redecorate the identified bedroom and recover the chair
- Address the malodour identified in two bedrooms
- Ensure the orientation boards are updated and menus displayed

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Elizabeth Doran, registered manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Donna Rogan
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Secondary Unannounced Care Inspection

Our Mother of Mercy

19 February 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Elizabeth Doran, registered manager during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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 (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	27	<p>The registered persons shall ensure the following issues are addressed;</p> <ul style="list-style-type: none"> • new flooring is required in the sun lounge • repair the television in the sun lounge • replace old worn furniture • redecorate the identified bedroom and recover the chair • address the foul odour identified in two bedrooms • ensure the orientation boards are updated and menus displayed <p>Ref 11.7</p>	One	<p>New flooring has been ordered. Television in the sun lounge has been repaired. New furniture ordered and will be delivered when the flooring is in place. Bedroom wall has been painted and chair has been removed. Foul odour has been addressed and orientation boards are updated and menus displayed.</p>	From the date of inspection

Recommendations					
These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	19.2	The registered persons shall ensure that a policy and procedure is put in place regarding the management of Stoma Care. Ref 19.2	One	Policy is now in place.	From the date of inspection

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	ELIZABETH DORAN
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	PEGGY O'NEILL

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Donna Rogan	24 April 2015
Further information requested from provider			