



Unannounced Care Inspection Report 21 August 2018



Our Mother of Mercy

Type of Service: Nursing Home
Address: 1 Home Avenue, Newry, BT34 2DL
Tel No: 028 3026 2086
Inspector: Dermot Walsh

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing and residential care for up to 48 persons.

3.0 Service details

Organisation/Registered Provider: Kilmorey Care Ltd	Registered Manager: Elizabeth Doran
Person in charge at the time of inspection: Elizabeth Doran	Date manager registered: 04 November 2013
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. LD – Learning disability. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of registered places: 48 A maximum of 13 patients in category NH-DE and maximum of 2 patients in category NH-LD/LD(E). There shall be a maximum of 1 named resident receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 21 August 2018 from 09.25 to 17.25 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

The term 'patient' is used to describe those living in Our Mother of Mercy which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing arrangements, recruitment practice, staff training and development, monitoring registration status of staff, accident management, the home's general environment, risk assessment and teamwork. There was further good practice found in relation to governance arrangements, management of incidents, quality improvement, maintaining good working relationships and the provision of compassionate care.

Areas requiring improvement were identified under regulation in relation to compliance with best practice on infection prevention and control (IPC) and with care planning. Areas requiring improvement were identified under standards in relation to staff supervision, safe working practices, patient comfort and recording of recommendations from other health professionals.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. Some patients' comments can be found in section 6.6.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	4

Details of the Quality Improvement Plan (QIP) were discussed with Elizabeth Doran, registered manager and Kerrie-Ann McNamee, clinical lead, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 11 June 2018

The most recent inspection of the home was an unannounced finance inspection undertaken on 11 June 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 15 patients, six staff and three patients' representatives. A poster was displayed at a staffing area in the home inviting staff to respond to an online questionnaire. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires for patients and 10 for patients' representatives were left for distribution.

A poster indicating that the inspection was taking place was displayed at the entrance to the home and invited visitors/relatives to speak with the inspector. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow

patients, relatives and families, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff duty rota for weeks commencing 13 and 20 August 2018
- staff training records
- incident and accident records
- one staff recruitment and induction file
- three patient care records
- three patients' daily care charts including bowel management, personal care, food and fluid intake charts and reposition charts
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, not met or partially met.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 11 June 2018

The most recent inspection of the home was an unannounced finance inspection. The completed QIP was returned and approved by the finance inspector and will be validated at the next finance inspection.

6.2 Review of areas for improvement from the last care inspection dated 31 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 21 (5) (d) (i) Stated: First time	The registered person shall ensure that a more robust system is in place to monitor the registration status of nursing staff in accordance with NMC.	Met
	Action taken as confirmed during the inspection: A system was in place to ensure registered nurses professional registrations were monitored in accordance with NMC.	
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time	The registered person shall ensure that doors leading to rooms which have the potential to contain a hazard to patients remain locked at all times when not in official use.	Met
	Action taken as confirmed during the inspection: Doors leading to areas where potential hazards are present were observed to be locked.	
Area for improvement 3 Ref: Regulation 16 Stated: First time	The registered person shall ensure that when a patient returns from hospital, that there is evidence within the patient care records that the patient assessments and care plans have been reviewed on readmission to home	Met
	Action taken as confirmed during the inspection: A review of a patient's care records evidenced that these had been reviewed on return from hospital.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 6 Criteria (1) Stated: First time	The registered person shall ensure that practices in the home do not infringe on the dignity of patients in the home. This in relation to the storage of the identified hoist when the shower is in use.	Met
	Action taken as confirmed during the inspection: Storage of this hoist no longer infringed on the dignity of patients in the home.	
Area for improvement 2 Ref: Standard 44 Stated: First time	The registered person shall ensure that wardrobes in patients' bedrooms are secured to walls to prevent accident or injury.	Met
	Action taken as confirmed during the inspection: During a review of the environment, all wardrobes observed had been secured to the wall.	
Area for improvement 3 Ref: Standard 48 Criteria (8) Stated: First time	The registered person shall ensure that records pertaining to fire drills includes a system to ensure that all staff employed in the home have participated in one fire drill per year at minimum.	Met
	Action taken as confirmed during the inspection: A system was evident to ensure that all staff participated at minimum in one fire drill per year.	
Area for improvement 4 Ref: Standard 35 Stated: First time	The registered person shall review the monthly monitoring report for suitability of the inclusion of an action plan and review of action plan when shortfalls are identified.	Met
	Action taken as confirmed during the inspection: A review of monthly monitoring reports conducted in the home evidenced inclusion of action plans where shortfalls were identified and a review of action plans.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for weeks commencing 13 and 20 August 2018 evidenced that the planned staffing levels were adhered to.

Discussion with patients, patients' representatives and staff evidenced that there were no concerns regarding staffing levels. Staff consulted confirmed that staffing levels met the assessed needs of the patients. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner.

Review of one staff recruitment file evidenced that this was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work.

Staff consulted confirmed that they had, or had a date for, completion of their annual appraisal. There was also evidence that supervisions had been conducted in the home with staff. However, there was no evidence that a system had been developed to ensure that staff in the home had received two recorded supervisions per year. This was discussed with the registered manager and identified as an area for improvement. It was clear during consultation with staff that some staff were unfamiliar with the term 'supervision'. This information was passed to the registered manager for their review and action as appropriate.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

We discussed the provision of mandatory training with staff and reviewed staff training records. A system was evident to ensure compliance with mandatory training compliance. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. An adult safeguarding champion had been identified. The registered manager confirmed that there were no ongoing safeguarding concerns relating to the home. The registered manager also confirmed that all staff employed in the home had recently attended, or had received a date to attend, updated adult safeguarding training.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and had been reviewed as required. These assessments informed the care planning process. However, deficits were found within two patients' care records. This will be further discussed in section 6.5.

We reviewed accidents/incidents records since the previous care inspection in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Notifications were submitted in accordance with regulation. From a review of records and discussion with the registered manager there was evidence of proactive management of falls.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, fresh smelling and clean throughout. There was evidence of recent refurbishment in the home. Corridors on the ground and first floors had been repainted. The registered manager confirmed plans for further refurbishment. Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear. However, two identified sluices in the home were observed to be cluttered and the staff did not have safe access to hand hygiene in one of these rooms. This was discussed with the registered manager and identified as an area for improvement.

The following issues were identified which were not managed in accordance with best practice guidelines in IPC:

- inappropriate storage
- signage not laminated
- use of tape to secure notices to walls/doors
- use of unlabelled net pants which had the potential to be used communally
- shower chairs not cleaned effectively following use
- identified chipped bathroom cabinet doors.

The above issues were discussed with the registered manager and identified as an area for improvement under regulation.

A review of the communal dayroom in the dementia unit evidenced that patient comfort was compromised due to exposed sunlight through a large viewing window. One patient's relative commented that on a sunny day, the temperature in the room can be significantly increased and that patients may be 'blinded' by the sunlight coming through the window. The relative confirmed that at times a curtain was closed which reduced the size of the room and darkened the room from natural light. This was discussed with the registered manager and identified as an area for improvement.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example, the use of bedrails. There was also evidence of consultation with relevant persons. Care plans were in place for the management of bedrails.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, recruitment practice, staff training and development, monitoring registration status of staff, accident management and the home's general environment.

Areas for improvement

An area for improvement was identified under regulation in relation to compliance with best practice on infection prevention and control.

Areas for improvement were identified under standards in relation to staff supervision, safe working practices and patient comfort.

	Regulations	Standards
Total number of areas for improvement	1	3

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of a newly admitted patient's care records evidenced that all appropriate assessments had been conducted on admission and that care plans had been appropriately developed in accordance with their assessed needs. We reviewed the management of nutrition, patients' weights, wound care and restrictive practice. Three patients' care records were reviewed.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners, tissue viability nurses, speech and language therapists and dieticians. However, one patient's wound care plan did not reflect the recommendations made from the tissue viability nurse as it contained a different wound dressing regime than the one recommended. This was discussed with the registered manager and identified as an area for improvement. Review of the wound care observation chart confirmed that the wound had been dressed in compliance with the tissue viability nurse's recommendations.

A review of a second patient's nutrition care plans evidenced that these care plans were conflicting in relation to the patient's dietary requirements and the level of assistance the patient required. For example, one care plan indicated that the patient required a soft diet and a second care plan indicated that the patient required a puree diet. This was discussed with the registered manager and identified as an area for improvement.

Supplementary care charts such as reposition, bowel management and food and fluid intake records evidenced that contemporaneous records were maintained and that these records had been maintained in accordance with best practice.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Comments from staff included teamwork was, “Brilliant” and “All the staff here are great”. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge. Staff commented that the home’s management were, “very approachable” and “very friendly”.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patient and representatives spoken with expressed their confidence in raising concerns with the home’s staff/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment and teamwork.

Areas for improvement

An area for improvement was identified under regulation in relation to conflicting information within care plans.

An area for improvement was identified under standards in relation to updating care plans to reflect the recommendations of another health professional.

	Regulations	Standards
Total number of areas for improvement	1	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 09.25 hours and were greeted by staff who were helpful and attentive. Patients were enjoying breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A notice displayed in the home evidenced the arrangements in place to meet patients’ religious and spiritual needs.

The serving of lunch was observed in the dining room on the first floor. Lunch commenced at 12:00 hours. Patients were seated around tables which had been appropriately set for the meal. Food was served from a heated trolley, placed away from where the patients were eating, when patients were ready to eat or be assisted with their meals. The food served appeared nutritious and appetising. Portions were appropriate for the patients to which the food was served. Cold desserts were delivered to the dining room when patients had finished/about to finish their hot meal. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

“Thank you so very much for the care and attention shown to ... during his stay.”
 “... Everyone was so kind and attentive and we were very happy with everything.”
 “To all of you in Mercy Home. Your care, kindness and good humour as a staff has been outstanding.”

Consultation with 15 patients individually, and with others in smaller groups, confirmed that living in Our Mother of Mercy was a positive experience. Ten patient questionnaires were left for completion. Two were returned within the timeframe. Comments were shared with the registered manager.

Patient comments:

“It is very good here. The food is good and the care is good.”
 “I like it here very much. Staff are very nice.”
 “I know all the staff here. They would do anything for you.”
 “They keep this place here in good order.”
 “This is a very good home. Staff do everything for you.”
 “The food here is very good.”
 “I am very happy here.”
 “Level of staff cover seems limited. Not clear who is in charge on a given shift.”
 “The staff help and set me up. The staff are friendly.”

Three patient representatives were consulted during the inspection. Ten relative/representative questionnaires were left for completion. Two were returned. Some patient representatives' comments were as follows:

“The care here is first class and the food is first class. Everything is cooked from fresh. They could do with better blinds here to keep the sun off patients and not that big curtain that comes across.”
 “The home is excellent. Staff here are very dedicated.”
 “The care here is great. Staff are very kind. I know my ... is safe here.”
 “Overall very satisfied and no concerns.”
 “In my opinion this home gives excellent care to the residents. Everyone gets treated with respect and the staff are very caring to all.”

Staff were asked to complete an online survey; we had no responses within the timescale specified. Comments from six staff consulted during the inspection included:

- “I am happy working here.”
- “I love working here.”
- “It’s great. I really like it.”
- “I love working here. I feel very blessed.”
- “It’s good.”
- “I love it here.”

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the registered manager for their information and action, as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and valuing patients and their representatives.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with the registered manager and staff, and observations confirmed that the home was operating within its registered categories of care.

A review of the duty rota clearly evidenced the identity of the nurse in charge of the home in the absence of the registered manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

Review of the home’s complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. The complaints procedure was displayed throughout the home.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records, wound care and infection prevention and control practices.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives. The registered manager also confirmed that, in addition to the monthly monitoring visits, they would also conduct an unannounced visit to the home on a quarterly basis as part of quality monitoring. This was seen as good practice.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Elizabeth Doran, registered manager and Kerrie-Ann McNamee, clinical lead, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2018</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>A more robust system should be in place to ensure compliance with best practice on infection prevention and control.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: A more robust system is now in place. A nurse will attend infection control link meetings when they recommence. All issues identified have been addressed.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the identified patient's care plans, in respect of nutritional assistance and dietary requirements, are kept under review to ensure that they are reflective of the patient's current assessed needs and does not contain conflicting information.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: The care plan was reviewed and conflicting information removed.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 40</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2018</p>	<p>The registered person shall ensure that a system is in place to ensure that registered nursing and care staff employed receive two recorded supervisions annually.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: A system is now in place to highlight when supervision has taken place and when next supervision is due.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 47</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that safe and healthy working practices are conducted within the two identified areas in the home.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The two identified areas have been decluttered to ensure that safe and healthy working practices are conducted.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 43 Criteria (9)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2018</p>	<p>The registered person shall ensure patient comfort in the identified area during periods of hot weather or bright sunlight.</p> <p>Ref: 6.4</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4 Criteria (4)</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2018</p>	<p>Response by registered person detailing the actions taken: Specialised curtains have been commissioned for this complicated area. They will be installed as soon as possible.</p> <p>The registered person shall ensure that recommendations made from other healthcare professionals are included within the patient's care plan. This is in relation to the identified patient's wound care plan.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Nursing staff have been instructed to ensure patients care plans are updated with recommendations when other healthcare professionals visit this will be checked when audits are being carried out.</p>

Please ensure this document is completed in full and returned via Web Portal



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