Transition to Care Home Nursing

Section B - Working in the Care Home with Nursing Setting

Chapter 3 - Safe Working and Regulation in Care Home Nursing

A resource in the QNI's 'Transition' series, designed for registered nurses with an interest in working in a care home with nursing and for those who are already in this area of practice, who would like an update on current practice and approaches.

Section B - Working in the Care Home Setting

Chapter 3 - Safe Working and Regulation in Care Home Nursing

Completing this chapter will enable you to:

- know more about relevant health and safety standards and legislation
- effectively manage risks to personal and resident safety
- assess the risks presented by your residents and take sensible preventative actions
- have greater awareness of the safe administration and monitoring of medicines
- report any safety incidents
- Understand the role of regulation in the care home setting

Safety Standards and Legislation

Managing your own safety and the safety of your colleagues and residents is a key part of nursing practice. There are a set of standards that outline the principles of safe nursing practice and laws that guide health and safety in the workplace.

Preserving safety is one of the four core principles of the NMC Code (2015), the guiding standards for all nurses and midwives. It is vital when caring for residents who are particularly vulnerable, such as people in care homes.

The NMC Code requires that all nurses 'make sure that patient and public safety is protected.' The standard says that as a nurse, you must 'work within the limits of your competence, exercise your professional 'duty of candour' and raise concerns immediately whenever you come across situations that put patients or public safety at risk.'

Some healthcare professionals and organisations are also **'Signed up for Safety'** – an NHS England initiative to improve safety. You can sign up to this initiative as an individual too. The 'Sign up to Safety' pledges are:

1. **Put safety first.** Commit to reduce avoidable harm in the NHS by half and make public our locally developed goals and plans.

2. **Continually learn**. Make our organisation more resilient to risks, by acting on the feedback from patients and staff and by constantly measuring and monitoring how safe our services are.

3. **Be honest**. Be transparent with people about our progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong.

4. **Collaborate**. Take a lead role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use.

5. **Be supportive.** Help people understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate progress.

Manual Handling Operations Regulations

(MHOR) (1992/amended 2002)

Moving and handling are key parts of the nurse's role and ones that you will need to exercise daily in the care home setting. It is still important to be aware of good practice as regards moving equipment and patients, so as to avoid injury. The main principles of the regulations are to avoid hazardous manual handling situations where possible, and assess and reduce the risk of injury from hazardous manual handling where necessary. To learn more, read further guidance on manual handling at work .

Control of Substances Hazardous to Health Regulations (COSHH)

COSHH regulations cover substances that are hazardous to health, including chemicals, fumes, dusts, vapours, nanotechnology, and germs including legionnaire's disease. Employers are required to undertake COSHH assessments to look at what activities they do that involve hazardous substances, how they can use harm, and how they could reduce the risk of harm occurring.

Mental Capacity Act (2005)

Some residents lack the capacity to make certain decisions due to illness, injury or substance use. Where patients lack the capacity to make decisions, this can present additional risks to health and safety, particularly the risks of personal safety and the risks of harm mentioned above. The Mental Capacity Act (MCA) (2005) was designed to protect the rights of people accessing health and care services. This topic is addressed in more depth in Chapter 7 – Working with Adults at Risk.

Considering and managing risks to personal and resident safety

It is acknowledged that working as a nurse comes with its own set of risks, and part of your skillset as a nurse will

be to feel confident in assessing risks to yourself, your colleagues and your residents. As such, it is recommended you attend risk assessment training and regularly reflect on whether these skills need improvement as part of your professional development.

A risk assessment is simply a careful examination of what, in your work, could cause harm to people, so that you can weigh up whether you have taken enough precautions or should do more to prevent harm. Workers and others have a right to be protected from harm caused by a failure to take reasonable control measures. The management of risk is considered one of the fundamental duties of every member of staff and it is your role to familiarise yourself with the risk assessment process.

Activity

- Answers the questions in the table below.
- Consider whether you and your team have access to the personal safety. information and tools that you need to fully undertake a risky job.
- Consider whether there is anything else that would help make your role safer.

Personal/resident safety question	Your answers
What personal protective equipment do you carry with you?	
What protective equipment does your employer provide?	
Do you have personal alarms or the means to call for help urgently?	
How do your colleagues know where you are if you need to call for help?	
What emergency equipment do you have and how is it maintained?	
What would you do in the event of suffering a needle stick injury or body fluid splash in the course of your work?	
What would you do if a resident collapsed and you were on your own?	

> “ You may well be the person who ends up ‘doing the rota’ – a key task which is both time consuming and anxiety-provoking for many staff members.

Figure 3.1 Some risks in nursing and some means of avoiding, managing and minimising

The diagrams below show some categories of health and safety risk for care nurses, and some approaches that you can take to manage, minimise or avoid these risks to stop them becoming harmful.

Infection outbreak
Immunise yourself against influenza/TB
Use needles and sharps bins correctly
Wash hands regularly
Use chemical waste properly
Read organisation's policies on infection control

Risk of harm
Keep updated with legislation and attend Safeguarding training
Know your responsability when raising a concern
Risk assessment
Read 'Working with Adults at Risk' chapter

Risks to personal safety
Inform colleagues of planned activity
Be aware of residents in area of work and any known risks
Learn aggression reduction techniques
Have an alert system with colleagues if situations escalate
Consider whether long working is safe

Looking after Yourself

In order to practice effectively as a nurse, the NMC (2015) Code gives guidance regarding any indemnity arrangement you may require to practice as a nurse or midwife in the UK: To achieve this, you must (12.1) make sure that you have an appropriate indemnity arrangement in place relevant to your scope of practice. It is advised that you are aware of your Trust or organisations policy with regard to indemnity and also the terms and conditions of your practice.

Working as a care home nurse comes with its own set of risks and here are some statistics related to the physical aspects of the role.

Physical Risks

- Musculoskeletal – a quarter of all nurses have at some time taken time off as a result of a back injury
- Stress - work related stress accounts for over a third of all new incidents of ill health.

Working Rotas and Shift Patterns

Whilst working in a care home, the rota will be designed to adjust to the needs of the care home and residents, also taking into consideration the stress on the staff team. It is now commonplace for shifts to be based upon a twelve-hour day and night shift. There are arguments for and against this shift pattern; on one hand it allows for better continuity of care as the resident gets to have the same nurse on duty for both morning and evening. It may allow for better scheduling of rosters with staff getting more days off away from the care home.

There is an alternative view around whether twelve-hour shifts allow enough time for proper handover meetings, as there is normally no real overlap of shifts, and also time for staff training and development.

There has always been tension between the complex and varying needs of residents and the availability of staff to meet those needs. As the registered nurse in a care home you may well be the person who ends up ‘doing the rota’ – a key task which is both time consuming and anxiety provoking for many staff members. There are various software products to help you, some available online. They will do much of the tedious work for you, but they will not take the big decisions – that's your job.

Transfers and the Use of Equipment

Whilst working in a care home, it will be part of your role to

ensure that both yourself and the staff you manage are trained in the use of all equipment in relation to residents (Moving and Handling Training). Equipment must be used properly and the care providers trained in its safe use. If a resident is unable to transfer independently, for instance from bed to chair, their needs must be assessed and a proper system put in place. This may be a protocol for two carers to assist or it may involve the use of a board or hoist. If the resident is left to their own devices, or if the assistance or equipment are inadequate, then there is a high risk of injury, and that injury will be caused by a negligent failure on the part of the care home.

Avoidable Accidents

Residents in care homes can present with multiple complex needs, so it is no surprise that there is a tendency to accidental injuries from trips, slips, falls, and other incidents. Such incidents are very common amongst people living in care homes. However, there is a distinction between those accidents on the one hand and avoidable injuries on the other.

For instance, an older person at home is very likely to check the temperature of the bath water before getting into it at home. If the job of bathing a vulnerable resident is the responsibility of the care home, they should have assessed the risk of burns and scalds and made sure that there are proper safety precautions in place, namely thermostatic mixing valves on the taps and care workers trained to test the water before bathing a resident. There have been several reported cases of residents being seriously injured or even killed by being bathed in scalding hot bath water.

Violence, Aggression or Harassment

Whilst in most situations, residents and their relatives are pleased to have the opportunity to receive care from nurse, in some cases there maybe situations where the resident or relative are unhappy with you or what you represent. Please be mindful of the following:

- The potential for an outburst is a very real one
- Try to avoid vulnerable or volatile situations at all times
- Be aware that relatives can be unpredictable at times
- Have a clear understanding of your organisations policy on Violence, Aggression or Harassment
- Employers must take steps to keep staff safe at all times
- Do not suffer in silence – communicate and document any fears you may have to your manager immediately. This may ensure the safety of colleagues or the wider healthcare team so timely reporting is invaluable.

Exercise

As part of your learning for this chapter, it is recommended that you read your Nursing Home or organisations policy on Violence, Aggression or Harassment.

Infection Control

In the care home setting, it is important to be aware that some infections have the capacity to spread very swiftly. Infections acquired in care homes may be serious and, in some cases, life threatening. These may worsen underlying medical conditions and adversely affect recovery. Organisms resistant to antibiotics may cause infections and the high media profile they generate may alarm residents, their relatives and carers. It is therefore important that clear information on the standards of infection prevention and control in care homes is available to staff at all times. As a registered nurse you will need familiarise yourself with the organisation specific guidance in which you work to ensure the safety of the residents in your care and also to undertake / initiate any flu vaccination programme. This includes the safe disposal of sharps and needle stick injury procedure, for example.

> “ Medication rounds can be seen as time-consuming, institutional and a potential source of ‘high risk’ and cross-infection.

Exercise

As part of your learning for this Chapter it is recommended that you read your organisation’s policy on Infection Control. Also visit: www.hse. gov.uk/biosafety/about.htm to read about infections at work. DH (2013) Prevention and Control of infection in care homes – an information resource Health protection Agency https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214929/Care-home-resource-18-February-2013.pdf

Activity

Think about your own day-to-day nursing practice

1. Have you ever felt at risk?
2. What made you feel this way?
3. What did you do and why?
4. Have you ever performed a risk assessment?

Medicines Management

The way in which medications are administered and managed can be different in the care home setting and it is about you becoming familiar with the differences. Typically care home residents take several different drugs, increasing the risk of drug interactions and serious side effects. One of the most common medication errors is continuing medication that is no longer required (Furniss et al 2000).

Whilst the same rules apply in terms of the safe administering and monitoring medicines, more emphasis is placed upon other factors such as risk, storage and disposal of drugs. It is questioned whether a pharmacist, who can prescribe, might be the best person to monitor more closely medications in care homes. Primary care or community pharmacists work in the primary care setting and may have a role working with care homes. They can be an invaluable source of information when trying to understand drug interactions, pharmacology and prescribing regimes.

The medication round performed by the registered nurse is, in the main, still standard practice in the majority of care homes. Medication rounds can be seen as time-consuming, institutional and a potential source of ‘high risk’ and cross-infection. It can take the registered nurse away from prime tasks of giving leadership, support and guidance to staff. There are other ways of managing medication more safely, efficiently and more person-centred and individual.

In most homes, medication could be kept locked with the record in a cabinet in residents’ own rooms, so those who are able can manage their own medication as they would have done at home can do so, and those who can’t manage can have it done for them by trained staff. It is hoped that most residents will manage with varying levels of support – which is all part of their regularly updated care plan.

Ode to the Drug Round

‘The loneliness of the long-distance drug round

Yes, the handover is finished and the staff team have dispersed to help the residents get on with their day. As the only qualified on duty, it is your role to wrestle with the drugs trolley and run the gauntlet doing the medication round.

Lock it up, chain it up, unlock it – a dozen times

Squinting to read the medication charts, decipher illegible handwriting.

You have developed an innate ability to get into blister packs, safety bottle tops, measuring spoonfuls and administering ear drops, eye drops and can smother creams from top to bottom

Lock it up, chain it up, unlock it – a dozen times

As you travel round there’s, a query here and a query there- you stop once, twice. Distraction and interruption is part and parcel of the medicines round

Inhalers, injections, suppositories (hand washing) syringe drivers and pumps – don’t want to be late

Lock it up, chain it up, unlock it – a dozen times

Hand hygiene is difficult to maintain – the sinks are at the other end of the ward

Lock it up, chain it up, unlock it – a dozen times – then start all over again!!!

Maybe it’s time to abolish the medication round.’

by Sharon Aldridge-Bent

Care home providers should have a care home medicines policy that includes written processes for:

- Sharing information about a resident’s medicines, including when they transfer between care settings. Consideration should be given to; training requirements, the definition of responsibilities, overcoming communication problems and monitoring compliance to compliance.
- Ensuring that records are accurate and up to date. The policy should cover the recording of information in the resident’s care plan, medicines administration record, correspondence, and messages about medicines. It should take into consideration information required for the transfer of care even when the resident is away from the home for a short time.

- Identifying, reporting and reviewing medicines-related problems, including a process for recording and reporting all suspected adverse effects from medicines, medicines-related safety incidents, including all 'near misses' and incidents that do not cause any harm. The policy should cover how incidents will be reported to the resident, their family and carers, how incidents will be investigated and how the results and any lessons learnt will be shared, both with the staff of the care home and more widely.

- Keeping residents safe (safeguarding), how to identify incidents and concerns, who to notify and training needed by care home staff.

- Accurately listing a resident's medicines (medicines reconciliation), including who to involve, responsibilities and training needs.

- Reviewing medicines (medication review) identifying need and documenting the agreed frequency of planned multidisciplinary medication review.

- Ordering medicines defining a safe, timely process, which ensures the maintenance of adequate stock of medicines whilst avoiding waste.

- Receiving, storing and disposing of medicines responsibilities including necessary record keeping, who care home staff should obtain advice from and how to dispose of medicines. Determining the best system for supplying medicines (original packs or monitored dosage systems) for each resident, based on the resident's health and care needs and the aim of maintaining the resident's independence wherever possible.

- Helping residents to look after and take their medicines themselves (self-administration) including when and how to carry out an individual risk assessment to find out how much support some resident needs to carry on taking and looking after their medicines themselves.

- Care home staff administering medicines to residents, including staff training and competence requirements. The policy should give practical consideration of, for example, how to record medicines administration (including medicines administered by visiting health professionals or when there is a separate administration record), how to administer specific medicines such as patches, creams, inhalers, eye drops and liquids. What to do if the resident is having a meal or is asleep, how to record and report a resident's refusal to take a medicine. How to manage medicines that are prescribed 'when required' or have a variable dose. How to record and report administration errors and reactions to medicines.

- Care home staff giving medicines to residents without their knowledge (covert administration) considering the legal context including how to undertake an assessment of the resident's mental capacity, how and when to hold a best interest meeting recording proposals and assigning an appropriate review schedule.

- Care home staff giving non-prescription and over-the-counter products to residents (homely remedies), if appropriate. Specifying a process for managing and administering non-prescription medicines and other over-the-counter-products (homely remedies) for treating minor ailments.

Exercise

Part of your learning for this section is to read the Medication Policy document for your organisation and make comparisons with the above guidance

Medications Management Resources

Supporting self-administration of medication in the care home setting

- https://www.prescqipp.info/resources/send/321-care-homes-self-

“ Medication rounds can be seen as time-consuming, institutional and a potential source of ‘high risk’ and cross-infection.

administration/2901-bulletin-143-care-homes-self-administration
- DH (2016) Administration of Medicines in Care Homes (with nursing) for older people by care assistants – Evidence based guidance for Care Home Providers
- Downloads/Administration%20of%20medicin-e%20by%20care%20assistants.pdf
- Centre for Policy on Ageing-Revised (2012) Managing and Administering medication in Care Homes for Older People - A report for the project: ‘Working together to develop practical solutions: an integrated approach to medication in care homes’.
- DH (2013) Prevention and Control of infection in care homes – an information resource Health protection Agency
- Furniss L, Burns A, Craig SKL, Scobie S, Cooke J, Faragher B (2000) Effects of a pharmacist’s medication review in nursing homes: randomised controlled trial
- British Journal of Psychiatry 176 (6) 563-567
- National Care Forum (2017) http://www.nationalcareforum.org.uk/medsafetyresources.asp

Duty to Report Incidents

It is your professional duty to act to act without delay if you believe that there is a risk to a residents’ safety or public protection: NMC (2015).

Safe Working Activity

Think about your own day-to-day practice
- When have you felt at risk?
- Have you ever performed a risk assessment?
- A risk assessment is simply a careful examination of what, in your work, could cause harm to people, so that you can weigh up whether you have taken enough precautions or should do more to prevent harm. Workers and others have a right to be protected from harm caused by a failure to take reasonable control measures.
- Whose responsibility is it to risk assess?
- The management of risk is considered one of the fundamental duties of every member of staff and it will be part of your role to familiarise yourself with the risk factor.

The Digital Age

There has never been a more exciting time for nurses to engage in the digital world. Community nursing services have consistently been characterised by innovation and the current possibilities associated with the increasing use of technologies will present us with some very real tools to support patients and to develop very different responses to their care needs. As a care home nurse, there will be an expectation that you will embrace the new technologies available to enhance and improve the care that you deliver.

‘The nurse in me kept saying to myself, ‘I’m a nurse not an IT expert’ then I realised nursing had become reliant on IT, it was time to embrace it not fear it. Gradually I got used to the new system and even made a few suggestions on how to make it easier to use and prettier to look at.’

Here are a few definitions to terms you may hear:

Telecare is the continuous, automatic and remote monitoring of real time emergencies and lifestyle changes over time in order to manage the risks associated with independent living.

Telemedicine is the practice of medical care using interactive audio visual and data communications. This includes the delivery of medical care, diagnosis, consultation and treatment, as well as health education and the transfer of medical data.’

eHealth is the use of information and communication technologies (ICT) for health to, for example, treat residents, pursue research, educate students, track diseases and monitor public health (World Health Organisation). eHealth is not just about computers. It is about finding, using, recording, managing, and transmitting information to support health care, in particular to make decisions about resident care.

mHealth is the use of mobile telephones for healthcare (2020health).

Telephone triage – Telephone triage is an encounter with a resident/ caller in which a specially trained, experienced nurse, utilizing clinical judgment and the nursing process, is guided by medically approved decision support tools (protocols), to determine the urgency of the residents problem, and to direct the resident to the appropriate level of care.

NHSE Quick Guide: Technology in Care Homes
http://www.nhs.uk/NHSEngland/keogh-review/Documents/quick-guides/Quick-Guide-Technology-in-care-homes.pdf

Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and social care in England. It plays a vital role in ensuring that people have the right to expect safe, effective, compassionate, high quality care. As a care home nurse, you may from time to time be involved when the CQC comes to inspect your place of work. You may also be aware of their monitoring role in your day to day practices as the organisation adheres to their recommendations, action points and reporting measures to improve quality care. The inspections are based upon five key questions:

Figure 3.2

Is it safe?
Patients are protected from physical, psychological or emotional harm or abuse
Is it effective?
Patients' needs are met and care is in line with national guidelines and NICE quality standards, and promote the best chance of getting better
Is it caring?
Patients are treated with compassion, respect and dignity and that care is tailored to their needs
Is it responsive to people's needs?
Patients get the treatment or care at the right time, without excessive delay, and are involved and listened to
Is it well led?
There is effective leadership, governance and clinical involvement at all levels, and a fair, open culture exists which learns and improves listening and experience

To read more about the Care Quality Commission access their strategy document: CQC Raising Standards – Putting People First – Our Strategy for 2013-2016 www.cqc.org.uk/sites/default/files/ documents/20130503_cqc_strategy_2013_final_cm_

Guidance on the NHS Standard Contract for Care Home Services 2011/12 Regulations

- Care Quality Commission http://www.cqc.org.uk/
- BGS Quest for Quality http://www.bgs.org.uk/carehomes/campaigns/carehomes/questforquality
- CQC (2016) Building Bridges, breaking barriers – How care is integrated across health and social care and the impact on older people who use the services, and their families and carers

Figure 3.3 - Residential Inspection Model – Key Lines of Enquiry (KLOE)

Safe

S1	How are people protected from bullying, harassment, avoidable harm and abuse that may breach their human rights?
S2	How are risks to individuals and the service managed so that people are protected and their freedom is supported and respected?
S3	How does the service make sure that there are sufficient numbers of suitable staff to keep people safe and meet their needs?
S4	How are people's medicines managed so that they receive them safely?
S5	How well are people protected by the prevention and control of infection?

> “ The nurse in me kept saying to myself, ‘I’m a nurse not an IT expert’ then I realised nursing had become reliant on IT, it was time to embrace it not fear it.

Effective

E1	How do people receive effective care, which is based on best practice, from staff who have the knowledge and skills they need to carry out their roles and responsibilities?
E2	Is consent to care and treatment always sought in line with legislation and guidance?
E3	How are people supported to have sufficient to eat, drink and maintain a balanced diet?
E4	How are people supported to maintain good health, have access to healthcare services and receive ongoing healthcare support?
E5	How are people’s individual needs met by the adaptation, design and decoration of the service?

Caring

C1	How are positive caring relationships developed with people using the service?
C2	How does the service support people to express their views and be actively involved in making decisions about their care, treatment and support?
C3	How is people’s privacy and dignity respected and promoted?
C4	How people are supported at the end of their life to have a comfortable, dignified and pain free death?

Responsive

R1	How do people receive personalised care that is responsive to their needs?
R2	How does the service routinely listen and learn from people’s experiences, concerns and complaints?

Well led

W1	How does the service promote a positive culture that is person-centred, open, inclusive and empowering?
W2	How does the service demonstrate good management and leadership?
W3	How does the service deliver high quality care?
W4	How does the service work in partnership with other agencies?

At the end of an inspection where all the evidence collected is assessed, the inspection team will make a judgment about the care home’s quality of service for each of the five key lines of enquiry. The ratings are categorised as:

- Outstanding
- Good
- Requires Improvement
- Inadequate

Preparing for a CQC Inspection

As a registered nurse working in a care home, you will have responsibility for managing and preparing for a CQC visit. If you are the care home registered manager you will have additional accountability in relation to the well led domain of the CQC assessment criteria. It is therefore imperative that you have a clear understanding of the inspection process and take time to familiarise yourself with how your organisation prepares for inspection.

- Preparation for inspection - quick guide http://www.cqc.org.uk/sites/default/files/documents/cqc_prep_for_inspection_-_quick_guide_-_final_0.pdf

- Guidance for Providers on Meeting the Regulations http://www.cqc.org.uk/sites/default/files/20150324_guidance_providers_meeting_regulations_01.pdf

Care and Social Services Inspectorate Wales (CSSIW)

The regulatory body CSSIW works very differently in Wales. Persons who wish to provide a regulated service must make an application for registration to CSSIW who act as the service regulator on behalf of the Welsh Ministers. Prospective service providers and responsible individuals must demonstrate that they will be able to meet the requirements imposed by the Act (The Regulation and Inspection of Social Care (Wales) Act 2016 and Social Service and Well-being (Wales) Act 2014) the regulations and once registered, that they will continue to meet them. However, from 2018 all care homes will be considered equal for regulation but with specialism in areas such as dementia, mental health, learning difficulties etc. this will be reflected in their statement of purpose.

A range of learning resources for providers has been developed, to give you an overview about the Act and how it will affect you. Visit the Information and Learning Hub to find out more. https://socialcare.wales/hub/riscact-faqs

The Regulation and Quality Improvement Authority (RQIA) – Northern Ireland

The Regulation and Quality Improvement Authority is the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services.
RQIA believes in a system of firm but fair regulation. It has adopted the principles outlined in the Principles of Good Regulation, Better Regulation Task Force, 2003.

These principles are:
- Proportionality
- Consistency
- Targeting
- Transparency
- Accountability

RQIA holds comprehensive up to date information on all registered health and social care services in Northern Ireland including nursing homes, residential care homes and domiciliary care agencies. Their inspection reports are publicly available to help to guide decision making when selecting an appropriate care home. There is an online directory that provides copies of individual inspection reports for services.

- The Regulation Quality Improvement Authority https://www.rqia.org.uk/what-we-do/register/services-registered-with-rqia/
- RQIA Enforcement Policy https://www.rqia.org.uk/RQIA/files/87/87d1ee32-eb91-4336-9dd4-cbab81a43cb1.pdf

The health and Personal Social Services (Quality, Improvement and Regulation) Northern Ireland Order 2003

Case Scenario – Preparing for an Inspection Visit
You are trying to prepare the staff team for an inspection visit and have called a team meeting to give an overview of how the care home needs to prepare. The team voice in the meeting that they 'do not have the time' to implement some of the changes you want them to do. They are resistant and feel as though you are asking too much of them.

- What would you do in this situation?
- How will you manage the meeting?
- With your knowledge of the inspection process – how will you convince the team of the importance of developing new or different ways of working?

The Charity Commission

If the care home you work in is a registered charity, then you will have additional regulatory and registration responsibilities to fulfil and it would worthwhile having a discussion with your employer regarding these. Charity Commission - https://www.gov.uk/government/organisations/charity-commission.

Exercise
As part of your learning for this chapter, it is recommended that you read your organisation's policies on:

- Violence and aggression
- Harassment and bullying
- Lone working
- Assessing risk
- Night Shift
- CQC/ CSSIW / RQIA Inspection

“ As a registered nurse working in a care home, you will have responsibility for managing and preparing for a CQC visit

Chapter Summary

This chapter introduced some key issues of safe working for registered nurses working in care homes. It covered issues around legislation, risk assessment, planning, vigilance and teamwork. Spending some time considering the potential risks as you start practice and as you continue to develop your career, will help you to adopt wise strategies for minimising, and managing risks appropriately. Finally this chapter devoted considerable time to highlighting the importance of the regulation and inspection processes of care homes.

Further Resources

RCN guidance on health and safety at work

The Royal College of Nursing has advice on health and safety concerns at work.

- RCN (2005) Managing your stress – A Guide for Nurses www2.rcn.org.uk/__data/assets/pdf_file/0008/78515/001484.pdf

- RCN (2013) Beyond breaking point? A survey report of RCN members on health, wellbeing and stress https://www2.rcn.org.uk/__data/assets/pdf_file/0005/541778/004448.pdf

Notes on the chapter