

Unannounced Care Inspection Report 5 October 2020



Oaktree Manor Residential Home

Type of Service: Residential Care Home (RCH)
Address: 2A Hazel Avenue, Dunmurry, Belfast, BT17 9QU
Tel No: 028 9061 0435
Inspectors: Marie-Claire Quinn and Gillian Dowds

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide residential care for up to 51 residents.

3.0 Service details

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| Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual(s): Gavin O'Hare-Connolly | Registered Manager and date registered: Tiago Moreira (acting) – no registration required |
| Person in charge at the time of inspection: Tiago Moreira | Number of registered places: 51 |
| Categories of care: Residential Care (RC) DE – Dementia. | Number of residents accommodated in the residential home on the day of this inspection: 37 |

4.0 Inspection summary

An unannounced care inspection took place on 5 October 2020 from 12.15 to 17.15 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

RQIA received intelligence on 5 October 2020 which raised significant concerns in relation to the catering arrangements in the home, specifically, staffing arrangements within the kitchen and the availability / quality of food within the home. In response to this information RQIA decided to undertake an onsite inspection, focusing solely on the following areas were examined during the inspection:

- dining experience
- availability and supply of food in the home
- staffing and management arrangements
- care recording
- infection prevention and control (IPC) measures.

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

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

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | *5 | *13 |

*Areas for improvement include four Regulations and ten standards which were not reviewed as part of this inspection and are carried forward to the next care inspection.

New areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Tiago Moreira, manager, and Geraldine McKeel, deputy manager, 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.

5.0 How we inspect

Prior to the inspection, we reviewed:

- written and verbal communication received since the previous care inspection
- the previous care inspection report.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

The following records were examined during the inspection:

- a sample of food delivery records
- staff duty rota 27 September 2020 to 26 October 2020
- residents' weight records and action plans for September 2020
- food and fluid charts for three residents from 3 to 5 October 2020.

Areas for improvement identified at the last care and medicines management inspections were not reviewed as part of this inspection and are carried forward to the next inspection.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

| Areas for improvement from the last care inspection 21 & 22 August 2020 | | |
|--|---|--|
| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 19 (5) | The registered person shall ensure that all care staff, including agency staff, are provided with an individual log-in and personal identification number in order that they can access and record on the electronic information system used in the home. Ref: 6.1 | Carried forward to the next care inspection |
| | Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection. | |
| Area for improvement 2 Ref: : Regulation 16 (1) | The registered person shall ensure consistent and accurate records are maintained of the total daily fluid intake by residents. The electronic computerised 24 hour daily total recorded should correlate with the total recorded on the daily fluid intake paper chart. Ref: 6.1 | Carried forward to the next care inspection |
| | Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection. | |

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| <p>Area for improvement 3</p> <p>Ref: Regulation 13 (1)</p> | <p>The registered person shall, having regard to the needs of the residents, ensure that the environmental risks identified in this report are addressed.</p> <p>This is with specific reference to:</p> <ul style="list-style-type: none"> • the secure storage of domestic appliances such as kettles and toasters • the secure storage of knives in resident dining rooms. <p>Ref: 6.1</p> | <p style="text-align: center;">Carried forward to the next care inspection</p> |
| <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> | | |
| <p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> | <p>The registered person shall ensure that all staff communication with members of the multidisciplinary team is recorded in a consistent and robust manner which allows for effective and timely retrieval by care staff.</p> <p>Ref: 6.3.3</p> | <p style="text-align: center;">Carried forward to the next care inspection</p> |
| <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> | | |
| <p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p> | | <p style="text-align: center;">Validation of compliance</p> |
| <p>Area for improvement 1</p> <p>Ref: Standard 30</p> | <p>The registered person shall ensure that all limited shelf life topical lotions and creams have the date of opening recorded.</p> <p>Ref: 6.1</p> | <p style="text-align: center;">Carried forward to the next care inspection</p> |
| <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> | | |

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| <p>Area for improvement 2</p> <p>Ref: Standard 12.12</p> | <p>The registered person shall ensure that any confidential information regarding residents' dietary / medical needs are not displayed on notice boards in the dining room.</p> <p>Ref: 6.1</p> | <p>Carried forward to the next care inspection</p> |
| <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> | | |
| <p>Area for improvement 3</p> <p>Ref: Standard 8.5</p> | <p>The registered person shall ensure residents' care plans are kept up to date and reviewed in a timely manner.</p> <p>Ref: 6.1</p> | <p>Carried forward to the next care inspection</p> |
| <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> | | |
| <p>Area for improvement 4</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> | <p>The registered person shall ensure that effective arrangements are in place to ensure that person centred activities are provided to residents in a consistent manner.</p> <p>Ref: 6.3.5</p> | <p>Carried forward to the next care inspection</p> |
| <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> | | |
| <p>Area for improvement 5</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p> | <p>The registered person shall ensure that staff rotas accurately reference the presence of all staff on duty within the building at all times.</p> <p>Ref: 6.3.6</p> | <p>Carried forward to the next care inspection</p> |
| <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> | | |

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| Area for improvement 6 Ref: Standard 20.10 Stated: First time | The registered person shall ensure that nutritional audits are completed in an effective and robust manner at all times. Ref: 6.3.6 | Carried forward to the next care inspection |
| | Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection. | |

| Areas for improvement from the last medicines management inspection 14 September 2020 | | |
|--|---|--|
| Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011 | | Validation of compliance |
| Area for improvement 1 Ref: Standard 6 Stated: First time To be completed by: 14 October 2020 | The registered person shall ensure that care plans for specific medicines administered or provided by staff not employed by the home are in place and detail when these medicines were first administered, next due for administration and if necessary, how and where from they are obtained. Ref: 7.1 | Carried forward to the next care inspection |
| | Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection. | |
| Area for improvement 2 Ref: Standard 32 Stated: First time To be completed by: Immediate and ongoing | The registered person shall ensure that medicines with a limited shelf life after opening are used in accordance with the manufacturer's instructions. Ref: 7.2 | Carried forward to the next care inspection |
| | Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection. | |

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|---|---|---|
| <p>Area for improvement 3</p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p> | <p>The registered person shall ensure that medication administration records are fully and accurately maintained.</p> <p>Specifically:</p> <ul style="list-style-type: none"> • Handwritten additions are verified by two members of staff • Entries match personal medication records and reflect the prescriber’s most recent instructions. <p>Ref: 7.3</p> | <p style="text-align: center;">Carried forward to the next care inspection</p> |
| <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> | | |
| <p>Area for improvement 4</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: 14 October 2020</p> | <p>The registered person shall ensure that the governance of medicine incidents and audits is managed to enable the identification of trends and to drive and sustain improvement. Action plans should be produced and/or followed up to promote reflection and learning.</p> <p>Ref: 7.5</p> | <p style="text-align: center;">Carried forward to the next care inspection</p> |
| <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> | | |

6.2 Inspection findings

6.2.1 Dining experience

We observed the serving of the lunch time meal. Staff were visible and attentive to residents. The chef visited the dining room and residents were delighted to see him. There were friendly and cheerful interactions between residents and staff. Residents appeared very comfortable with staff and asking for support when required. One resident was delighted as staff brought her a coffee after her meal and told us, “Shows he (staff) knows me! He knew if I didn’t get one I’d soon let him know!”

Residents were offered a choice of chicken or beef, served with mashed potatoes, carrot and parsnip and gravy. Dessert was apple crumble and custard. The food was served warm, but some residents told us the food was not hot enough. Drinks were not made available until after the food was served. Staff did offer alternatives if residents declined or did not eat the meals provided.

There was no written or pictorial menu available for residents in the dining room. Food had been plated before being brought to the dining room. This meant that large portions were served to residents, regardless of preference. Some residents told us they had enjoyed their meals. Several residents provided negative feedback, including uncertainty about what they were eating, being given too big a portion and the quality of the food served. Specific comments from residents were relayed to the manager for consideration and action, as necessary.

An area for improvement was made for management to ensure that the overall quality of the dining experience is improved and maintained. This includes implementing a more dementia friendly dining experience for residents, in line with best practice.

While residents were offered a choice for their lunch time meal, there was a lack of written records of communication between kitchen and care staff to evidence residents' involvement in choosing their meals and preferences. In particular, residents requiring a textured diet were not given the same options as other residents and the home could not evidence that those residents were offered a varied menu. An area of improvement was made.

6.2.2 Availability and supply of food in the home

Inspection of the kitchen, stores, fridges and freezers established there was a sufficient supply of food and snacks available in the home.

The home's chef outlined the supply arrangements in the home. Food deliveries are made three times a week. Delivery orders were available for inspection.

We were informed that on 2 October 2020 the delivery was late, which delayed food preparation for the next day. Alternative arrangements, including the purchasing of additional food supplies, were made by staff in the home. Management and staff stated this was why the meals served during the inspection did not match the planned menu. We were also advised that the menu is currently being reviewed by the organisation's regional chef to ensure they are nutritionally balanced.

6.2.3 Staffing and management arrangements

The home's management arrangements had changed since the previous care inspection. Runwood Home's Regional Operations Manager is currently in charge of the day to day management of the home as the acting manager.

The manager had identified an over reliance on agency and bank staff in the home and outlined the extensive recruitment drive which was ongoing. This included the recruitment of an assistant chef. Management hoped that the employment of additional permanent staff will ensure improved and more consistent catering standards in the home. Management were also mindful of ensuring adequate staffing resources in the case of an outbreak of COVID-19 within the home.

Discussion with management and review of the staff rota evidenced that there were sufficient staff on duty in the home on the 2 and 3 October 2020. Two agency cooks had been booked in advance, but had cancelled at short notice. Suitably trained care assistants agreed to cover these shifts.

The home's permanent cook was working on the day of inspection. Two kitchen porters had commenced work on the day of inspection. Staff confirmed they were receiving appropriate training and induction in these roles.

During the inspection, we spoke with 6 staff. Staff presented with good knowledge of resident's individual dietary needs and preferences. Specific comments from staff included:

- "We regularly communicate with the kitchen about any meal changes, or changes to Speech and Language Therapy (SALT) recommendations. There's plenty of food and snacks available, but could do with more variety, maybe."
- "I haven't had any issues with availability or quantity of the food in the home. The quality of food is fine. It can depend on what staff are working. I always ensure to focus on the well-being of residents."
- "The manager is brilliant, such a good listener and so approachable. He gives you information clearly and takes time to explain things properly."

A poster was displayed for staff inviting them to provide feedback to RQIA on-line following the inspection. No responses were received.

6.2.4 Care recording

We reviewed care records specifically in relation to the management of residents' weights.

Review of care records confirmed that residents' weights were being monitored. Staff were taking appropriate action if required. For instance, those residents who had lost weight were referred to multi-disciplinary professionals such as dieticians or Speech and Language Therapists. Their advice and recommendations were incorporated into clear action plans to guide staff. Records reviewed confirmed that management maintained robust oversight of this. Additional oversight is provided via the South Eastern Health and Social Care Trust's (SET) virtual dietetic programme.

Food and fluid charts were being completed, but the detail included was varied. The home is currently reviewing how the food and fluid records are maintained and will be transferring these from a paper to an electronic record. The manager is hopeful this will help to improve the detailing of the recording. An area for improvement has been made.

6.2.5 Infection Prevention Control measures

We noted occasions when staff were not wearing masks correctly and were required to wear additional Personal Protective Equipment (PPE) such as gloves. A small number of staff were observed not sanitising their hands when necessary and did not adhere to IPC best practice of 'bare below the elbow' by wearing jewellery and/or nail polish.

We also noted a lack of sufficient and clear written guidance for staff on the use of PPE. Management advised that staff training regarding this is ongoing although accepted that additional supervision and guidance was required.

An area for improvement was made regarding staff's adherence to IPC measures and management oversight of this.

There was a lack of social distancing measures in the dining rooms. While we acknowledged that this was challenging for individuals living with dementia, we asked the home to review this and consider how this could be improved, where possible. For instance, meal times could be staggered to reduce the number of residents in the dining room at one time. The manager agreed to review this.

Areas of good practice

Areas of good practice were identified in relation to the friendly and kind interactions between residents and staff and staff's knowledge of resident's individual dietary needs and preferences.

Areas for improvement

New areas for improvement were identified in relation to the residents' dining experience, the use of supplementary care records and IPC measures.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 3 |

6.3 Conclusion

RQIA conducted an unannounced care inspection on 5 October 2020 in response to intelligence which raised concerns about the catering arrangements in the home. While concerns in regard to staffing arrangements within the kitchen were not substantiated, areas for improvement were made in regard to residents' dining experience. Other areas for improvement were also made in relation to the use of supplementary care records and IPC practices.

Areas for improvement identified in the report above are to be managed through the Quality Improvement Plan included at the end of this report.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Tiago Moreira, manager, and Geraldine McKeel, deputy manager, 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 residential 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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 Residential Care Homes Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 19.-(5) (b) and (c) Stated: First time | <p>The registered person shall ensure that all care staff, including agency staff, are provided with an individual log-in and personal identification number in order that they can access and record on the electronic information system used in the home.</p> |
| | <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> |
| Area for improvement 2 Ref: Regulation 16.-(1) Stated: First time | <p>The registered person shall ensure consistent and accurate records are maintained of the total daily fluid intake by residents.</p> <p>The electronic computerised 24 hour daily total recorded should correlate with the total recorded on the daily fluid intake paper chart.</p> |
| | <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> |
| Area for improvement 3 Ref: Regulation 13.-(1) Stated: First time | <p>The registered person shall, having regard to the needs of the residents, ensure that the environmental risks identified in this report are addressed.</p> <p>This is with specific reference to:</p> <ul style="list-style-type: none"> • the secure storage of domestic appliances such as kettles and toasters • the secure storage of knives in resident dining rooms. |
| | <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> |
| Area for improvement 4 Ref: Regulation 13.-(1) (a) and (b) Stated: First time | <p>The registered person shall ensure that all staff communication with members of the multidisciplinary team is recorded in a consistent and robust manner which allows for effective and timely retrieval by care staff.</p> |
| | <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> |

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| <p>Area for improvement 5</p> <p>Ref: Regulation 12.-(5) (b) and (c)</p> <p>Stated: First time</p> <p>To be completed by: from the date of inspection</p> | <p>The registered person shall ensure that residents are provided with food and drink that is properly prepared, wholesome and nutritious and is suitable for the needs of the residents.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: Information regarding the nutritional needs of the residents, as well as adequate required modifications as per Dietitian and Speech and Language Therapist is included in the care planning of the individual residents, and shared with the care and kitchen teams to ensure that all residents receive adequate nutrition and hydration.</p> |
| <p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p> | |
| <p>Area for improvement 1</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> | <p>The registered person shall ensure that all limited shelf life topical lotions and creams have the date of opening recorded.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 12.12</p> <p>Stated: First time</p> | <p>The registered person shall ensure that any confidential information regarding residents' dietary / medical needs are not displayed on notice boards in the dining room.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> | <p>The registered person shall ensure residents' care plans are kept up to date and reviewed in a timely manner.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> |
| <p>Area for improvement 4</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> | <p>The registered person shall ensure that effective arrangements are in place to ensure that person centred activities are provided to residents in a consistent manner.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> |
| <p>Area for improvement 5</p> <p>Ref: Standard 25.6</p> | <p>The registered person shall ensure that staff rotas accurately reference the presence of all staff on duty within the building at all times.</p> <p>Action required to ensure compliance with this standard</p> |

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| <p>Stated: First time</p> | <p>was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> |
| <p>Area for improvement 6</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> | <p>The registered person shall ensure that nutritional audits are completed in an effective and robust manner at all times.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> |
| <p>Area for improvement 7</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 14 October 2020</p> | <p>The registered person shall ensure that care plans for specific medicines administered or provided by staff not employed by the home are in place and detail when these medicines were first administered, next due for administration and if necessary, how and where from they are obtained.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> |
| <p>Area for improvement 8</p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p> | <p>The registered person shall ensure that medicines with a limited shelf life after opening are used in accordance with the manufacturer's instructions.</p> <p>Ref: 7.2</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> |
| <p>Area for improvement 9</p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p> | <p>The registered person shall ensure that medication administration records are fully and accurately maintained.</p> <p>Specifically:</p> <ul style="list-style-type: none"> • Handwritten additions are verified by two members of staff • Entries match personal medication records and reflect the prescriber's most recent instructions. <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> |
| <p>Area for improvement 10</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by:</p> | <p>The registered person shall ensure that the governance of medicine incidents and audits is managed to enable the identification of trends and to drive and sustain improvement. Action plans should be produced and/or followed up to promote reflection and learning.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be</p> |

| | |
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| 14 October 2020 | carried forward to the next care inspection. |
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| <p>Area for improvement 11</p> <p>Ref: Standard 12.3</p> <p>Stated: First time</p> <p>To be completed by: from the date of inspection</p> | <p>The registered person shall ensure that the menu offers all residents a choice of meal at each mealtime or when the menu offers only one option and the resident does not want this, an alternative meal is provided. A choice is also offered to those on therapeutic or specific diets.</p> <p>Ref: 6.2.1</p> |
| | <p>Response by registered person detailing the actions taken: New menu's have been designed in partnership with community Dietetic services and there are at least two options at all meal times. If it happens to be just one option and the resident does not want it, an alternative meal is provided to their choice.</p> |
| <p>Area for improvement 12</p> <p>Ref: Standard 12.12</p> <p>Stated: First time</p> <p>To be completed by: from the date of inspection</p> | <p>The registered person shall ensure that where a resident's care plan requires, or when a resident chooses not to eat a meal or is unable to eat a meal, a record is kept of all food and drinks consumed.</p> <p>Ref: 6.2.4</p> |
| | <p>Response by registered person detailing the actions taken: Supervisions are being carried out with all staff to ensure that food and fluid records contain a detailed description of all items ingested</p> |
| <p>Area for improvement 13</p> <p>Ref: Standard 28.3</p> <p>Stated: First time</p> <p>To be completed by: from the date of inspection</p> | <p>The registered person shall ensure that safe and healthy working practices are promoted through the provision of information, training, supervision and monitoring of staff in infection prevention and control best practice.</p> <p>Ref: 6.2.5</p> |
| | <p>Response by registered person detailing the actions taken: Audits and competencies are carried out on a regular basis to ensure the IPC training in the use of PPE and hand hygiene is embedded into practice.</p> |

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



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Quality Improvement
Authority

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