

# Unannounced Care Inspection Report

## 27 June 2016



## Arlington

**Type of Service: Nursing Home**  
**Address: 7-9 North Parade, Belfast, BT7 2GF**  
**Tel No: 028 9064 4240**  
**Inspector: Lyn Buckley**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Arlington took place on 27 June 2016 from 09:30 to 15:30 hours.

At approximately 11:15 hours, following discussion with the registered manager, the inspector contacted senior management in RQIA to discuss concerns relating to the management of fire safety and infection prevention and control. Following discussion it was agreed that the focus of the inspection would change to include the following areas:

- management of fire safety
- management of infection prevention and control
- day to operational control and governance arrangements
- validation of the quality improvement plan (QIP) from the previous care inspection.

The registered manager was informed, at the time, of the reasons for the concerns and the change of focus; and was advised to inform her line manager/s.

Due to the concerns evidenced an enforcement decision making meeting was held with RQIA's senior management on 28 June 2016. The registered persons were asked to attend a meeting in RQIA to discuss the inspection outcomes and to provide RQIA with assurance that the areas of concern would be addressed. A follow up inspection will be carried out to validate compliance with the requirements and recommendations made at this inspection.

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.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	6*	2*

The total number of requirements and recommendations includes one requirement which has been stated for a second time, one recommendation which has been stated for a third and final time and one recommendation which has been carried forward for review during the next care inspection.

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

Due to the concerns evidenced an enforcement decision making meeting was held with RQIA's senior management on 28 June 2016. Following this meeting the registered manager was contacted by telephone to advise her of the decision that RQIA would be inviting the registered persons to a meeting to discuss the inspection outcomes and to seek assurance of the actions required to bring the home into compliance with the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. The meeting was arranged with the registered persons for 7 July 2016 and was held in RQIA offices. At the meeting detailed feedback of the inspection findings was provided. The registered persons

provided assurances that they had already addressed some of the concerns raised, particularly in relation to fire safety, and that they would address the other requirements made.

A follow up inspection will be carried out to validate compliance with the requirements and recommendations made at this inspection.

## 1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection on 19 April 2016. Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistleblowing and any other communication received since the previous care inspection.

## 2.0 Service details

<b>Registered organisation/registered provider:</b> Arlington Brian Macklin Mary Macklin	<b>Registered manager:</b> Ms Linda Karen McCartney
<b>Person in charge of the home at the time of inspection:</b> 09:30 – 10:00 hours: Ms J McCollam, deputy manager  10:00 hours Ms Linda Karen McCartney, registered manager	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> NH- I, PH, PH(E) and TI	<b>Number of registered places:</b> 25

## 3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report.

During the inspection the inspector spoke with eight patients individually and with others in small groups, three care staff, one registered nurse and two staff from housekeeping. A poster indicating that the inspection was taking place was displayed in the entrance hall of the home which invited visitors/relatives to speak with the inspector. There was no opportunity to talk with relatives and no relatives approached the inspector.

The following information was examined during the inspection:

- three patient care records
- nursing and care staff duty rotas 20 June – 3 July 2016
- patients' supplementary care charts such as repositioning and fluid intake records
- staff training and planner/matrix for 2015 and 2016
- record of quality monitoring visits carried out on behalf of the responsible individual in accordance with the Nursing Homes Regulations (Northern Ireland) 2005, regulation 29
- infection prevention and control audits for May and June 2016
- fire risk assessment– identified risks and corrective action plan 11 May 2016
- governance records and management of bedrails.

## **4.0 The inspection**

### **4.1 Review of requirements and recommendations from the most recent inspection dated 19 April 2016**

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at their next inspection.

## 4.2 Review of requirements and recommendations from the last care inspection dated 7 January 2016

Last care inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 12 (1)</p> <p><b>Stated:</b> Third time</p>	<p>The registered person shall provide treatment, and any other services to patients in accordance with the statement of purpose, and shall ensure that the treatment and other services provided to each patient –</p> <p>(a) reflect his individual needs;</p> <p>(b) reflect current best practice; and</p> <p>(c) are (where necessary) provided by means of appropriate aids or equipment</p> <p>This requirement is in respect to the use of any restrictive practice in the home.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of patient care records and discussion with the registered manager evidenced that this requirement had been met.</p>	<b>Met</b>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 12 (2)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that all aids and equipment used in or for the purpose of the nursing home is-</p> <p>(a) suitable for the purpose for which it is to be used; and</p> <p>(b) properly maintained and in good working order</p> <p>This requirement applies to the use of third party bedrails in the home.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of records, discussion with the registered manager and observation of bedrails in use, evidenced that this requirement had been met.</p>	<b>Met</b>

<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 17 (1)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the governance and management arrangements of the home are in accordance with regulatory requirements and the minimum standards. The registered person should ensure all areas as discussed in section 5.3.2 are addressed.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of governance records and discussion with the registered manager evidenced that some of the areas identified specifically in the previous care inspection had been addressed. For example, the regulation 29 monthly monitoring report availability and review of RQIA QIPs; the updating of the training matrix to reflect staff changes; and the updating of audit templates.</p> <p>Yet concerns were still evident in relation to the overall approach, accuracy and robustness to governance and auditing systems and processes.</p> <p>Following discussion with senior management in RQIA and as detailed in section 1.0 the focus of the inspection was changed due to emerging concerns in relation to fire safety and infection prevention and control and the management and governance arrangements of both these areas of practice. Details can be viewed in section 4.</p> <p>This requirement has been stated for a second time</p>	<p><b>Partially met</b></p>
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Last care inspection recommendations	Validation of compliance	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> Second time</p>	<p>It is recommended that all training that takes place for the nursing home staff should be recorded and the training records made available for inspection. Details recorded should include names and signatures of those attending the training, the dates of the training, the name and qualification of the trainer or agency and the content of the training programme.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>  Review of records confirmed that improvement had been made. Yet the content of recent training for fire safety and moving and handling training was not available. It was agreed that the registered manager would confirm by email that the content for both training sessions would be put in place. However, at the time of writing this report no confirmation had been received.</p> <p>This recommendation has only been partially met. Following discussion with senior management in RQIA, it has been stated for a third and final time. Failure to evidence compliance with this recommendation could result in enhanced enforcement action.</p>	<p><b>Partially Met</b></p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that registered nursing staff ensure that care plans that are patient centred and that the content of care plans are measurable and specific and relate to the assessed needs of the patient.</p> <p>Patient records are maintained in accordance with minimum standards, professional guidance and legislative requirements.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>  Patient care records reviewed in relation to the assessment and care planning in relation to the management of bedrails, incontinence and skin integrity confirmed that this recommendation had been met.</p>	

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p>	<p>It is recommended the staff duty rota accurately reflects the hours worked by staff and in what capacity. The duty rota should also reflect the hours worked by the registered manager in a nursing capacity and in a managerial capacity.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of nursing and care staff duty rotas from 20 June to 3 July 2016 confirmed that this recommendation had been met.</p>		
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 21.7</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that specific continence aids/products requires by the patient as identified in the continence assessment, is also included in the corresponding care plan.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of patient care records confirmed that this recommendation had been met.</p>		
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 12.13</p> <p><b>Stated:</b> First time</p>	<p>It is recommended the menu either offers a choice of meal at each mealtime. When the menu only has one option an equally nutritious alternative should be provided. This includes an alternative of hot meals and any special dietary or therapeutic requirements.</p>	<p style="text-align: center;"><b>Carried forward</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Due to the focus of this inspection this recommendation has been carried forward for review at the next care inspection.</p>		
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 12.13</p> <p><b>Stated:</b> First time</p>	<p>It is recommended the day's menu is displayed in a suitable format for patients so as they may clearly see and read the meal choice.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the registered manager, care staff, patients and observation confirmed that this recommendation had been met.</p>		



## 4.3 Inspection Findings

### 4.3.1 Management of fire safety

During the review of the environment it was observed that on both the first and second floors of the home staff had stored equipment in the corridors leading to the fire exit/fire escape. One staff member did remove the equipment when this was pointed out but it was evident, through continued observations, that it was custom and practice to place equipment and overstock boxes/items in these fire exit corridors.

In addition it was observed that the final fire exit door to the external fire escape stair case was open on the first floor. Further investigation revealed that staff used this staircase to access the first and second floors and to enable 'fresh air' to be vented through the home. The registered manager explained that the final fire exit doors were alarmed during the night to alert staff if a patient opened them, but that this alarm was 'switched off' during the day time. Discussion with the registered manager confirmed that there was no risk assessment in place to manage this practice. A requirement was made.

The fire escape exited into a small courtyard to the rear of the building which also contained two industrial waste bins for house hold and clinical waste. Both bin lids were closed and each bin had waste bags stacked to the side and the front of each bin. Two or three chairs, a table, an old 'kylie' sheet spread across the metal steps of the stairs, a book and umbrella were placed either on or around the foot of the fire escape stairs. It was evident that staff used this area and that it presented a risk to the effective evacuation of patients in the event of a fire.

The registered manager was asked to accompany the inspector to the courtyard to view the fire safety risks identified by the inspector. The registered manager stated that the fire risk assessor had 'approved' this area. It was explained later during feedback that the fire risk assessor had not seen the chairs, tables etc. The registered manager agreed to address this matter immediately.

The courtyard area was observed again prior to giving feedback, to ascertain the action taken by the registered manager to ensure a clear fire escape route. It was evident that the area was still being used by staff during their breaks as staff were observed smoking in this area; and the seating, tables etc., were still in place. The registered manager confirmed that she had contacted the home's maintenance person and the organisation responsible for emptying the bins but had not taken any other action at this time. We provided specific advice to the registered manager to ensure that the fire exit routes were maintained clear at all times. It was concerning that the registered manager had not taken sufficient action to ensure fire exits and fire escape routes were kept clear at all times in accordance with fire safety requirements. A requirement was made.

The registered manager stated that she was aware of fire safety requirements and that a fire risk assessment had been completed on 11 May 2016. Review of the fire risk assessor's action plan evidenced that the remedial work identified by the fire risk assessor had not been completed and/or 'signed off' as addressed. The registered manager stated that some of the works had been completed. It was agreed that the registered manager would review the document and provide RQIA with an update as to the action taken and completion dates. This document was received by email on 27 June 2016 at 19:19 hours; but the record was not

robust. This concern was discussed with the registered persons at the meeting in RQIA on 7 July 2016. A requirement has been made.

It was evident that throughout the home storage was limited. Some additional cupboards had been installed and staff were in the process of reorganising the storage of toiletries and linen. In other areas of the home, such as the laundry, staff toilet and under the main internal staircase; staff had stored various items inappropriately. This was brought to the attention of the registered manager because of the impact this type of storage could have on patients and staff in relation to fire safety and infection prevention and control risks. A requirement was made.

Review of fire safety training records evidenced that training had been provided on 13 April 2016 with 12 staff attending the session. There were no records to evidence the content of the training and a recommendation had been stated for a second time in this regard. Following discussion with RQIA's senior management a decision was made that this recommendation would be stated for the third and final time. Failure to evidence compliance with this recommendation could result in enhanced enforcement action.

### Areas for improvement

A requirement was made that a risk assessment was needed to manage the staffs' use of the final fire exit doors and the potential risk to patients if the door were left open or had the alert alarm deactivated.

A requirement was made that fire exits and fire exit routes are to be kept clear at all times.

A requirement was made that following a fire risk assessment that the actions identified are addressed in a timely manner to ensure adequate precautions against the risk of fire are taken.

A requirement was made that the registered persons must arrange for the removal of 'clutter' and unused equipment to reduce risks to patients and staff.

As stated previously a recommendation was stated for the third and final time in relation to training records.

<b>Number of requirements</b>	<b>4</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.3.2 Management of infection prevention and control measures and practices

Review of the home's environment included all patient areas, bedrooms, bathrooms, stores and sluice rooms. It was evident that basic infection prevention and control practices were not adhered to. For example:

- inappropriate storage in bathrooms and toilets of items such as clothing, boxes with personal items within, toiletry bags, various toiletries, bedpans, wheelchairs, commodes
- dried debris/body fluids in the sluice hopper on the second floor which indicated that staff had not cleaned the hopper after use
- staff personal protective equipment (PPE) such as aprons and gloves stored and dispensed within areas where there was a toilet
- staff not wearing PPE appropriately

- staff observed wearing stoned and large earrings, rings and other jewellery
- staff wearing nail varnish
- toilet roll/tissue stored on floor, window sills and cisterns despite dispensers being in place and some toilets had no toilet tissue/roll
- clinical and house hold waste not managed appropriately
- the practice of allowing staff to take breaks amongst the waste bags and then return to their various duties
- wash hand basin taps had their top missing; a build-up of debris and/or lime scale was evident in the area not covered
- metal sack holders in bathrooms were observed to be rusted and in need of cleaning
- wooden furniture used as storage cupboards in bathrooms which could not be effectively cleaned because of the veneer.

A requirement was made.

The registered manager confirmed that she and the housekeeper conducted the infection control audits. Review of the audit records evidenced that the areas identified by the inspector had not been considered or identified by the auditors. Therefore the audits were not accurate or robust. Examples of concerns discussed with the registered manager included the following:

- in one audit the area examined was identified as ‘The Big Bathroom’
- the response recorded by the auditor to the question; Are wheelchairs clean? was “Most of the time” with no evidence of any action taken
- issues with staff undertaking venepuncture – the auditor’s own practice was recorded as a deficit and action taken to address this was not evidenced.

Concerns regarding the day to day management of infection prevention and control practices and the accuracy and traceability of the audits undertaken were discussed in detail with the registered manager during feedback and at the meeting with the registered persons in RQIA on 7 July 2016. A requirement has been stated for a second time in this regard.

**Areas for improvement**

A requirement was made to ensure the arrangements for infection prevention and control measures are embedded into practice to reduce risks to patients and staff.

As stated previously a requirement regarding governance and management arrangements has been stated for a second time.

<b>Number of requirements</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.3.3 Day to day operational control and governance arrangements

During review of audits and governance processes and discussion with the registered manager concerns were raised regarding the accuracy and robustness of the information recorded. During the previous care inspection on 7 January 2016 areas for improvement were also identified that should have been identified by the auditors through audit processes. It was acknowledged that since the previous care inspection new audits had been implemented. However, RQIA's concern remains in relation to the content recorded in the audits, as detailed in section 4.3.2, and the overall effectiveness and robustness of the audit processes.

Details of the areas identified for improvement including the competency and capability of the persons undertaking audits were discussed with the registered manager during feedback and with the registered persons and regional manager on 7 July 2016 at the concerns meeting in RQIA. A requirement has been stated for a second time in this regard.

#### Areas for improvement

As stated previously a requirement has stated for a second time regarding governance and management arrangements.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Karen McCartney, registered manager, and Mrs Mary Macklin, registered person, during the meeting with RQIA on 7 July 2016, as part of the inspection process. The timescales commence from the date of inspection.

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

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

## 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return the completed QIP to RQIA's office.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

<b>Quality Improvement Plan</b>	
<b>Statutory requirements</b>	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 17 (1)  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 July 2016	The registered person shall ensure the governance and management arrangements of the home are in accordance with regulatory requirements and the minimum standards.  <b>Ref: Section 4.2 and section 4.3.2</b>  <b>Response by registered provider detailing the actions taken:</b> Management arrangements for the home have been reviewed and actions put in place to ensure that the governance and management arrangement arrangements of the home are in accordance with the regulatory requirements and minimum standards.
<b>Requirement 2</b>  <b>Ref:</b> Regulation 14 (2)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	The registered provider must ensure that a risk assessment is in place to manage the staffs' use of the final fire exit doors and the potential risk to patients if the doors are left open or when the door alert alarm is deactivated by staff.  <b>Ref: Section 4.3.1</b>  <b>Response by registered provider detailing the actions taken:</b> Risk Assessments all updated and in place, final exit door risk assessment has been given to inspector.

<p><b>Requirement 3</b></p> <p>Ref: Regulation 27(c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered provider must ensure that fire exits and fire exit routes are kept clear at all times.</p> <p><b>Ref: Section 4.3.1</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> All staff have received additional fire safety training with the emphasis on fire exits and fire exit routes, this is being monitored on a daily basis by the nurse in charge and management.</p>
<p><b>Requirement 4</b></p> <p>Ref: Regulation 27 (4) (a) and (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered provider must ensure that following a fire risk assessment that the 'actions required' are addressed in a timely manner to ensure adequate precautions against the risk of fire are taken.</p> <p><b>Ref: Section 4.3.1</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> All actions required on the fire risk assessment completed in May 2016 have been actioned.</p>
<p><b>Requirement 5</b></p> <p>Ref: Regulation 14 (2) (a) (b) and (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered provider must arrange for the removal of 'clutter' and unused equipment to reduce risks to patients and staff.</p> <p><b>Ref: Section: 4.3.1</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> The home has been de-cluttered and this will remain under review going forward</p>
<p><b>Requirement 6</b></p> <p>Ref: Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered provider must ensure that arrangements for infection prevention and control measures are in place and embedded into practice to reduce risks to patients and staff.</p> <p><b>Ref: Section 4.3.2</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Staff have attended additional infection control training, the infection control within the home has been reviewed and action taken where necessary.</p>

<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> Third and final time</p> <p><b>To be completed by:</b> Immediate action required.</p>	<p>It is recommended that all training that takes place for the nursing home staff should be recorded and the training records made available for inspection. Details recorded should include names and signatures of those attending the training, the dates of the training, the name and qualification of the trainer or agency and the content of the training programme.</p> <p><b>Ref: Section 4.2 (recommendation 1) and section 4.3.1</b></p> <p><b>Response by registered provider detailing the actions taken:</b> All training attended is now recorded on the standard template which meets the minimum standards and a copy of the training material used attached.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 12.13</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 February 2016</p>	<p><b>Carried forward to the next care inspection for review</b></p> <p>It is recommended the menu either offers a choice of meal at each mealtime. When the menu only has one option an equally nutritious alternative should be provided. This includes an alternative of hot meals and any special dietary or therapeutic requirements.</p> <p><b>Ref: Section 4.2 (recommendation 5)</b></p> <p><b>Response by registered provider detailing the actions taken:</b> Questionnaires have been given to patients and families to assess the satisfaction with the food provided and any suggestions or additional items that they would like to see on the menu. New menu's have been produced following a meeting with the other head chefs in the company and two options will be available when the new menu is implemented, currently the patients are offered an alternative.</p>

<b>Name of registered manager/person completing QIP</b>	Christine Thompson		
<b>Signature of registered manager/person completing QIP</b>		<b>Date completed</b>	22/8/16
<b>Name of registered provider approving QIP</b>	Mary Macklin		
<b>Signature of registered provider approving QIP</b>		<b>Date approved</b>	22/8/16
<b>Name of RQIA inspector assessing response</b>	Lyn Buckley		
<b>Signature of RQIA inspector assessing response</b>		<b>Date approved</b>	22/08/16



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