

Inspection Report

28 July 2022



Brooklands Healthcare Dunmurry

Type of service: Nursing Home
Address: 42e Cloona Park, Dunmurry, Belfast BT17 0HH
Telephone number: 028 9060 1020

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Brooklands Healthcare Ltd Responsible Individual: Mr Jarlath Conway	Registered Manager: Mrs Helen Frances Chambers – not registered
Person in charge at the time of inspection: Mrs Helen Frances Chambers - Manager	Number of registered places: 55 A maximum on 28 patients in NH-DE on designated unit on the first floor.
Categories of care: Nursing Home (NH) TI – Terminally ill PH(E) - Physical disability other than sensory impairment – over 65 years PH – Physical disability other than sensory impairment I – Old age not falling within any other category DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 54
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 55 persons. The home is divided in two units; the first floor unit provides care for people with dementia and the ground floor provides general nursing care.	

2.0 Inspection summary

An unannounced inspection took place on 28 July 2022 from 9.05am to 3.50pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and Section 7.0. Two areas for improvement identified at the previous care inspection were stated for a second time while a further area for improvement was stated for a third time. Areas for improvement that were identified by the pharmacy inspector during an inspection on 21 July 2022 were carried forward for review at the next medicines management inspection.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff were helpful and pleasant in their interactions with them.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

RQIA were assured that the delivery of care and service provided in Brooklands Healthcare Dunmurry was provided in a compassionate manner by staff that knew and understood the needs of the patients.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection patients, relatives and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in Brooklands Healthcare Dunmurry. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

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

4.0 What people told us about the service

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. One patient told us, "The staff treat me well, I am well looked after," while another patient said, "It feels like home here".

Relatives were complimentary of the care provided in the home and spoke positively about communication with the home.

Staff spoken with said that Brooklands Healthcare Dunmurry was a good place to work.

Staff spoke about the good teamwork in the home and spoke of how much they enjoyed caring for the patients. No questionnaires were returned by patients or relatives and no responses were received from the staff online survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 12 January 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: Second time	The registered person shall ensure care plan directions are adhered to. This area for improvement is made with specific reference to the management of weight loss.	Met
	Action taken as confirmed during the inspection: Examination of records evidenced this area for improvement was met.	
Area for Improvement 2 Ref: Regulation 10 (1) Stated: Second time	The registered person shall ensure that robust governance arrangements are put in place to ensure that the deficits identified in the report are appropriately actioned.	Partially met
	Action taken as confirmed during the inspection: Review of a selection of governance audits confirmed ongoing oversight by the manager; however, there was evidence that these audits were not consistently completed. Although corrective actions were identified, an action plan to address the deficits was not always developed. Assurances were provided by the manager during inspection feedback and by the responsible individual during a phone call on 2 August 2022 that these shortfalls would be addressed. This area for improvement was partially met and is stated for a third time.	

Area for improvement 3 Ref: Regulation 16 (1) (2) (b) Stated: First time	<p>The registered person shall ensure personal hygiene care plans are reviewed by registered nurses in keeping with this regulation. Personal care records should evidence daily care delivery.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
Area for improvement 4 Ref: Regulation 13 (4) Stated: First time	<p>The registered person must ensure that medicines are available for administration on all occasions.</p> <p>Action taken as confirmed during the inspection: This area for improvement was reviewed by the pharmacist inspector during an inspection on 21 July 2022 and recorded as met. Please see this report for further details.</p>	
Area for improvement 5 Ref: Regulation 13 (4) Stated: First time	<p>The registered person shall ensure that medicine refrigerator temperatures are accurately monitored each day and corrective action taken if temperatures outside the required range are observed.</p> <p>Action taken as confirmed during the inspection: This area for improvement was reviewed by the pharmacist inspector during an inspection on 21 July 2022 and recorded as not met. Please see this report for further details.</p>	Not met
Area for improvement 6 Ref: Regulation 13 (4) Stated: First time	<p>The registered person shall ensure that nurses follow safe medication administration processes.</p> <p>Action taken as confirmed during the inspection: This area for improvement was reviewed by the pharmacist inspector during an inspection on 21 July 2022 and recorded as met. Please see this report for further details.</p>	

Area for improvement 7 Ref: Regulation 13 (4) Stated: First time	<p>The registered person shall ensure that a record of all medicines received into the home is accurately maintained.</p> <p>Action taken as confirmed during the inspection: This area for improvement was reviewed by the pharmacist inspector during an inspection on 21 July 2022 and recorded as not met. Please see this report for further details.</p>	Not met
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		
Area for Improvement 1 Ref: Standard 21.1 Stated: First time	<p>The registered person shall ensure that wound care is completed in keeping with care plan directions and wound assessments and evaluations are completed each time wounds are redressed. Evaluations should comment on the condition and progress of the wound.</p> <p>Action taken as confirmed during the inspection: There was evidence of some improvement against this area for improvement. Evaluations of care commented on wound progress and the condition of the wound. Progress had been made regarding completion of wound assessments. Although records were not consistently maintained.</p> <p>To meet his area for improvement registered nursing staff must ensure they complete a wound assessment and evaluation each time they redress a wound. Assurances were provided by the manager that they would continue to monitor this through audit and support staff through coaching and supervision where required.</p> <p>This area for improvement is partially met and is stated for a second time.</p>	Partially met
Validation of compliance		

<p>Area for improvement 2</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p>	<p>The registered person shall ensure all daily evaluation of care records are meaningful and patient centred.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence of some improvement against this area for improvement. Review of records confirmed some daily evaluations of care were patient centred; although there was evidence that some nursing staff continued to use repetitive statements.</p> <p>Assurances were provided by the manager that they would continue to monitor this through audit and support staff through coaching and supervision where required.</p> <p>This area for improvement is partially met and is stated for a second time.</p>	<p>Partially met</p>
<p>Area for Improvement 3</p> <p>Ref: Standard 29</p> <p>Stated: First time</p>	<p>The registered person shall ensure that obsolete personal medication records are cancelled and archived. Only the current up-to-date personal medication record should be available on the medicine's file.</p> <hr/> <p>Action taken as confirmed during the inspection: This area for improvement was reviewed by the pharmacist inspector during an inspection on 21 July 2022 and recorded as met. Please see this report for further details.</p>	<p>Met</p>
<p>Area for Improvement 4</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the medicine room is decluttered so that medicines and records were readily available for staff, including agency staff, and to ensure that infection prevention and control standards are achieved.</p> <hr/> <p>Action taken as confirmed during the inspection: This area for improvement was reviewed by the pharmacist inspector during an inspection on 21 July 2022 and recorded as met. Please see this report for further details.</p>	<p>Met</p>

5.2 Inspection findings

5.2.1 Staffing Arrangements

A review of staff selection and recruitment records evidenced that staff members were recruited safely ensuring that all pre-employment checks had been completed prior to each staff member commencing in post. Staff members were provided with a comprehensive induction programme to prepare them for providing care to patients. Checks were made to ensure that staff maintained their registrations with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty. The deputy manager was reminded to ensure the first and surname of all staff are recorded on the duty rota.

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted with confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and fire safety.

Review of staff training records confirmed that all staff members were required to complete adult safeguarding training on an annual basis. Staff members were able to correctly describe their roles and responsibilities regarding adult safeguarding.

Staff said they felt supported in their role and were satisfied with the level of communication between staff and management. Staff reported good teamwork and had no concerns regarding the staffing levels.

Patients spoke positively about the care that they received and confirmed that staff attended to them in a timely manner; patients also said that they would have no issue with raising any concerns to staff. It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner.

Relatives spoken with expressed no concerns regarding staffing arrangements and were complimentary about the care delivered in the home.

5.2.2 Care Delivery and Record Keeping

Staff meet at the beginning of each shift to discuss any changes in the needs of the patients. Staff members were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff members were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning evidenced these records were well completed.

Management of wound care was examined. Review of one identified patient's care records confirmed that progress had been made regarding completion of wound assessments and evaluations of care commented on wound progress and the condition of the wound. However, records were not consistently maintained. Registered nursing staff must ensure they complete a wound assessment and evaluation each time they redress a wound. Assurances were provided by the manager that they would continue to monitor this through audit and support staff through coaching and supervision where required. An area for improvement identified at the previous care inspection was stated for a second time.

Falls in the home were monitored on a monthly basis to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. There was a system in place to ensure that accidents and incidents were notified to patients' next of kin, their care manager and to RQIA, as required.

Review of the management of falls evidenced appropriate actions were not consistently taken following falls in keeping with best practice guidance. This was discussed with the manager who agreed to meet with registered nursing staff to discuss the shortfalls and monitor falls management through audit systems. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. A variety of drinks were served with the meal, although, it was observed that condiments and napkins were not readily available for patients to use.

Patients may need support with meals; ranging from simple encouragement to full assistance from staff. Staff attended to patients' dining needs in a caring and compassionate manner while maintaining written records of what patients had to eat and drink, as necessary. There was a variety of drinks on offer, although, no menu was available for the patients to see what the options were.

Discussion with staff confirmed that although two meal choices were available at lunchtime, on occasion only one meal option was available for patients who were on a modified diet. To ensure choice at mealtimes was available to all patients, an area for improvement was identified.

Patients expressed mixed views in relation to the quality of the meals provided in the home with some commenting negatively; although patients commented positively about the lunchtime meal on the day of the inspection. Discussion with staff confirmed the planned menu was not always adhered to due to a number of external factors. Review of records confirmed that variations to the planned menu were not consistently recorded. An area for improvement was identified.

The above shortfalls were discussed with the manager. They acknowledged the challenges regarding the dining experience and confirmed they planned to meet with patients about their likes and dislikes with a view to developing new menus in collaboration with catering staff which are reflective of the patients' preferences and individual dietary needs.

The manager agreed to review the provision of menus to ensure these are available to patients in a suitable format and stated they had plans to review the environment of the dining rooms to enhance the patient experience. Given these assurances and to provide the manager with sufficient time to fully address and embed these changes into practice, additional areas for improvement were not identified on this occasion. This will be reviewed at a future care inspection.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Review of one identified patient's care records evidenced that care plans had been developed within a timely manner to accurately reflect their assessed needs.

Review of records such as personal care and food and fluid intake evidenced that these were generally well maintained. Examination of daily evaluations of care confirmed that some entries were patient centred, although, there was evidence that some nursing staff continued to use repetitive statements. Assurances were provided by the manager that they would continue to monitor this through audit and support staff through coaching and supervision where required. An area for improvement made previously in this regard was stated for a second time.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced the home was warm, clean and comfortable. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy.

Shortfalls were identified in regard to the effective management of potential risks to patients' health and wellbeing; this included inappropriate supervision and storage of cleaning chemicals and medication. These deficits were discussed with staff who took the necessary actions to mitigate any risk. During feedback assurances were provided by the manager that further actions would be taken to manage risks in the home. An area for improvement was identified.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Staff members were aware of their training in these areas and how to respond to any concerns or risks. A fire risk assessment had been completed on 26 April 2022. No follow up actions were identified by the fire risk assessor.

The manager said that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. Any outbreak of infection was reported to the Public Health Authority (PHA).

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of personal protective equipment (PPE). There was an adequate supply of PPE and hand sanitisers were always readily available throughout the home.

Discussion with staff confirmed that training on IPC measures and the use of PPE had been provided. While some staff members were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. Some staff members were not familiar with the correct procedure for the donning and doffing of PPE. This was identified as an area for improvement.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. Some patients told us they liked the privacy of their bedroom, but would enjoy going to the dining room or a lounge for meals.

Patients were observed enjoying listening to music, reading and watching TV, while others enjoyed a visit from relatives and a local community group. Patients said they enjoyed the activities provided in the home, while a small number of patients said the activities could be more reflective of their preferences. This was discussed with the manager who agreed to speak with the patients directly and review activity provision in the home.

There was evidence of ongoing activities provided within the home with photos displayed of patients enjoying a variety of activities such as baking, games and taking part in arts and crafts. However, no activity planner was on display to make patients aware of what activities were scheduled. The manager confirmed an activity planner will be displayed in a suitable format in both units of the home. This will be reviewed at a future care inspection.

5.2.5 Management and Governance Arrangements

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There had been a change in the management of the home since the last inspection. Mrs Helen Frances Chambers has been the manager since 16 May 2022. RQIA were notified appropriately.

Review of a selection of governance audits confirmed ongoing oversight by the manager; however, there was evidence that these audits were not consistently completed. Corrective actions were identified in some of the audits, although an action plan to address the deficits was not always developed. Assurances were provided by the manager during inspection feedback and by the responsible individual during a phone call on 2 August 2022 that these shortfalls would be addressed. An area for improvement with regard to governance arrangements identified at a previous care inspection was stated for a third time.

Review of records confirmed that systems were in place for staff appraisal and supervision.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly.

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management. Review of accidents and incidents records found that these were well managed and reported appropriately.

The home was visited each month by a representative of the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail. These reports were available in the home for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	7*	5*

*The total number of areas for improvement includes two which were stated for a second time while a further area for improvement was stated for a third time. Areas for improvement that were identified by the pharmacy inspector during an inspection on 21 July 2022 were carried forward for review at the next medicines management inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Helen Frances Chambers, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 10 (1) Stated: Third time	The registered person shall ensure that robust governance arrangements are put in place to ensure that the deficits identified in the report are appropriately actioned. Ref: 5.1 and 5.2.5
To be completed by: Immediate action required (28 July 2022)	Response by registered person detailing the actions taken: Interim Home Manager in post. Audit schedule in place detailing weekly/monthly audits to be completed. End of month checklist in place to ensure completion of the schedule for the month. Audits actioned by Manager to ensure complete overview of Governance within the Home. Action plan in place from audits and inspections.

<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required (21 July 2022)</p>	<p>The registered person shall ensure that medicine refrigerator temperatures are accurately monitored each day and corrective action taken if temperatures outside the required range are observed.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required (21 July 2022)</p>	<p>The registered person shall ensure that a record of all medicines received into the home is accurately maintained.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (28 July 2022)</p>	<p>The registered person shall ensure that nursing staff manage falls in keeping with best practice. All actions taken post fall should be appropriately recorded in the patient's care record.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Company Falls Policy updated to include flow chart of action to take post falls. All Nursing staff have read and signed this document. The Policy also reflects the process and concerns post falls with residents administered anticoagulant or antiplatelet medication. Home Manager will continue to complete an end of months Falls Audit in line with the Homes Governance.</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (28 July 2022)</p>	<p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the residents have access are free from hazards to their safety, and unnecessary risks to the health and safety of residents are identified and so far as possible eliminated.</p> <p>This area for improvement is made with specific reference to the safe storage and supervision of cleaning chemicals and medication.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Domestic staff have completed a supervision regarding the safe storage and supervision of cleaning chemicals/trolley. Nursing staff follow the safe practice of having the medication trolley with them during administration of daily medications. This is to be supervised at all times by Registered Nurse.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (28 July 2022)</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Increased monthly Hand Hygiene Audits completed by Manager, Nurses and Senior Staff. Increased monthly Use of PPE Audits completed by Manager, Nurses and Senior Staff. Laminated poster now available in both dining areas regarding the appropriate use of PPE whilst serving and assisting with residents meals.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (21 July 2022)</p>	<p>The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed.</p> <p>Ref: 6.0</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 21.1 Stated: Second time To be completed by: Immediate action required (28 July 2022)	The registered person shall ensure that wound care is completed in keeping with care plan directions and wound assessments and evaluations are completed each time wounds are redressed. Evaluations should comment on the condition and progress of the wound. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: Monthly wound care analysis completed by Manager and to include action plan if required. Individual wound care tracking audits sampled in monthly audits. Supervision completed with all Registered Nurses on wound care protocol and appropriate documentation. Training session completed on 07.09.2022 with Trust TVN for Nursing Staff.
Area for improvement 2 Ref: Standard 4.9 Stated: Second time To be completed by: 28 August 2022	The registered person shall ensure all daily evaluation of care records are meaningful and patient centred. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: Manager to spot check two daily entries each day to ensure they are meaningful and patient centred. These can therefore be addressed at time of documentation. These daily checks will be linked with the monthly audits for ongoing governance and Management overview of daily progress notes.
Area for improvement 3 Ref: Standard 12.13 Stated: First time To be completed by: Immediate action required (28 July 2022)	The registered person shall ensure that those patients who require a modified diet have at least two options at mealtimes. Ref: 5.2.2
	Response by registered person detailing the actions taken: Brooklands Head Chef has liaised with Trust Dietician and representatives from SALT to request further ideas and suggestions to broaden the options for residents receiving a modified diet. Menus now have two options daily.

<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (28 July 2022)</p>	<p>The registered person shall ensure that variations to the planned menu are recorded.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Home Manager has created template of documentation for Chef to verify any changes to scheduled menus. This will include reason for changes, items on menu changing and to what, residents and staff being informed.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (21 July 2022)</p>	<p>The registered person shall review the management of medicines prescribed to be administered when required for distressed reactions.</p> <p>The reason for and outcome of administration should be recorded on all occasions.</p> <p>Ref: 6.0</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>

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



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