



The Regulation and
Quality Improvement
Authority

Unannounced Primary Inspection

Name of establishment:	Blair House Care Home
RQIA number:	11104
Date of inspection:	4 September 2014
Inspector's name:	Linda Thompson
Inspection number:	18649

The Regulation And Quality Improvement Authority
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1.0 General information

Name of establishment:	Blair House Care Home
Address:	107 Dakota Avenue Newtownards BT23 4QX
Telephone number:	028 9182 4450
Email address:	leighpatience@priorygroup.com
Registered organisation/ Registered provider / Responsible individual	Priory (Watton) Ltd c/o Priory Group Mrs Caroline Denny
Registered manager:	Miss Amanda Mitchell (Acting)
Person in charge of the home at the time of inspection:	Miss Amanda Mitchell (Acting)
Categories of care:	NH-I, NH-DE, RC-DE
Number of registered places:	81
Number of patients / residents accommodated on day of inspection:	77
Scale of charges (per week):	£461 - £486 for residential care £581 - £606 for nursing care
Date and type of previous inspection:	4 April 2014, announced variation inspection
Date and time of inspection:	4 September 2014 10.00 – 17.00 hours
Name of inspector:	Linda Thompson

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year is required.

This is a report of an unannounced primary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008).

Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 Methods/process

Committed to a culture of learning, the RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the DHSSPS Nursing Homes Minimum Standards 2008.

The inspection process has three key parts; self-assessment (including completion of self-declaration), pre-inspection analysis and inspection visit by the inspector.

Specific methods/processes used in this inspection include the following:

- Review of any notifiable events submitted to RQIA since the previous inspection
- analysis of pre-inspection information
- discussion with the acting home manager and regional manager

- observation of care delivery and care practices
- discussion with staff
- examination of records
- consultation with patients individually and with others in groups
- tour of the premises
- evaluation and feedback.

Any other information received by RQIA about this registered provider has also been considered by the inspector in preparing for this inspection.

5.0 Consultation process

During the course of the inspection, the inspector spoke with:

Patients	12 individually and to 35 others in groups
Staff	11
Relatives	4
Visiting Professionals	0

Questionnaires were provided, during the inspection, to patients / residents, their representatives and staff seeking their views regarding the service. Matters raised from the questionnaires were addressed by the inspector either during the course of this inspection or within the following week.

Issued to	Number issued	Number returned
Patients / residents	6	6
Relatives / representatives	3	2
Staff	8	8

6.0 Inspection focus

The inspection sought to establish the level of compliance achieved regarding the selected DHSSPS Nursing Homes Minimum Standards.

Criteria from the following standards are included;

- management of nursing care – Standard 5
- management of wounds and pressure ulcers –Standard 11
- management of nutritional needs and weight Loss – Standard 8 and 12
- management of dehydration – Standard 12

An assessment on the progress of the issues raised during and since the previous inspection was also undertaken.

The inspector will also undertake an overarching view of the management of patient's human rights to ensure that patients' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered persons and the inspector have rated the home's compliance level against each criterion of the standard and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Guidance - Compliance statements	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of service

Blair House Nursing home is situated in Newtownards within the West Winds housing estate. The home is within easy reach local bus routes and Newtownards town centre.

The nursing home is owned and operated by Priory (Watton) Ltd

The current acting manager is Amanda Mitchell. Ms Mitchell a registered manager within the company is acting manager at present until the new home manager commences employment mid-September units

Accommodation for patients/ residents is provided over two floors of the home.

The ground floor is divided into two units;

- unit one - 11 residential care patients with dementia
- unit two - 28 nursing care patients with dementia

The first floor is divided into two units;

- unit one - 28 nursing care patients / frail elderly
- unit two - 14 residential care patients with dementia

Access to the first floor is via a passenger lift and stairs.

Communal lounge and dining areas are provided throughout each unit.

The home also provides for catering and laundry services on the ground floor.

A number of communal sanitary facilities are available throughout the home. A hairdressing room, café, and activities room are also available. Two lounge areas on the ground floor open via French doors to a secure garden area.

The home is registered to provide care for a maximum of 81 persons under the following categories of care:

Nursing care

- | | |
|----|--|
| I | old age not falling into any other category to a maximum of 28 patients in the frail elderly unit on the first floor |
| DE | dementia care to a maximum of 28 patients accommodated within the dementia unit on the ground floor. |

Residential care

- | | |
|----|---|
| DE | dementia care to a maximum of 11 residents in the residential dementia unit on the ground floor and 14 residents in the residential dementia unit of the first floor. |
|----|---|

The registration certificate is appropriately displayed in the foyer area.

8.0 Summary of inspection

This summary provides an overview of the services examined during an unannounced primary care inspection to Blair House. The inspection was undertaken by Linda Thompson, inspector on 4 September 2014 from 10.00 to 17.30 hours.

The inspector was welcomed into the home by Ms Amanda Mitchell acting home manager and was later joined by Mr Gavin O'Hare-Connolly regional manager. Both were available throughout the inspection. Verbal feedback of the issues identified during the inspection was given to Ms Mitchell and Mr O'Hare-Connolly at the conclusion of the inspection.

Prior to the inspection, the registered persons completed a self-assessment using the criteria outlined in the standards inspected. This self-assessment was received by the Authority in September and the inspector has been able to evidence that the level of compliance achieved with the standards inspected has been accurately assessed by the home.

The comments provided by the registered persons in the self-assessment were not altered in any way by RQIA. See appendix one.

During the course of the inspection, the inspector met with patients/ residents, staff and a number of patient representatives. Comments received by all patients / residents and representatives were very positive. There was a pleasant relaxed atmosphere in the home during the inspection and staff were observed to be interacting well with patients / residents. The inspector observed care practices, examined a selection of records, issued patient, staff and representative questionnaires and carried out a general inspection of the nursing home environment as part of the inspection process.

The inspector can confirm that on the day of inspection the general quality of care in the home was assessed to be good and nursing care records validated this conclusion.

The inspector also spent a number of extended periods observing staff and patient interaction.

Discussions and questionnaires are unlikely to capture the true experiences of those patients unable to verbally express their opinions. Observation therefore is a practical and proven method that can help us to build up a picture of their care experience.

These observations have been recorded using the Quality of Interaction Schedule (QUIS). This tool was designed to help evaluate the type and quality of communication which takes place in the nursing home.

As a result of the previous inspection conducted on 04 April 2014, three requirements and one recommendation were carried forward and eight requirements were issued for the first time.

These were reviewed during this inspection. The inspector evidenced that all requirements and recommendations raised previously have been fully complied with.

Details can be viewed in the section immediately following this summary.

Standards inspected:

Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed. (Selected criteria)

Standard 8: Nutritional needs of patients are met. (Selected criteria)

Standard 11: Prevention and treatment of pressure ulcers. (Selected criteria)

Standard 12: Patients receive a nutritious and varied diet in appropriate surroundings at times convenient to them. (Selected criteria).

8.1 Inspection findings

8.1.1 Management of nursing care – Standard 5

The inspector examined a number of patient's nursing care records and can confirm that at the time of the inspection there was evidence to validate that patients received safe and effective care in Blair House.

There was evidence of comprehensive and detailed assessment of patient needs from date of admission. This assessment was found to be updated on a regular basis and as required. A variety of risk assessments were also used to supplement the general assessment tool. The assessment of patient need was evidenced to inform the care planning process.

Comprehensive reviews of the assessments of need, the risk assessments and the care plans were maintained on a regular basis plus as required.

There was also evidence that the referring health and social care trust (HSCT) maintained appropriate reviews of the patient's satisfaction with the placement in the home, the quality of care delivered and the services provided.

Compliance Level: Compliant

8.1.2 Management of wounds and pressure ulcers – Standard 11 (selected criteria)

The inspector examined the nursing care records of two identified patients and evidenced that wound management in the home was well maintained.

There was evidence of appropriate assessment of the risk of development of pressure ulcers which demonstrated timely referral to tissue viability specialist nurses (TVN) for guidance and referral to the HSCT regarding the supply of pressure relieving equipment if appropriate.

Care plans for the management of risks of developing pressure ulcers and wound care were maintained to a professional standard.

Compliance Level: Compliant

8.1.3 Management of nutritional needs and weight loss – Standard 8 and 12 (selected criteria)

The inspector reviewed the management of nutrition and weight loss within the home.

Robust systems were evidenced with risk assessments and appropriate referrals to General Practitioners (GP's), speech and language therapists (SALT) and or dieticians being made as required.

The inspector also observed the serving of the lunch time meal and can confirm that patients were offered a choice of meal and that the meal service was supervised by registered nurses.

The inspector however raised a number of concerns regarding the general management of the meal service. Requirements are raised accordingly. Full details are documented in section 10.9 of this report.

Compliance Level: Moving towards compliance

8.1.4 Management of dehydration – Standard 12 (selected criteria)

The inspector examined the management of dehydration during the inspection which evidenced that fluid requirement and intake details for patients were recorded and maintained for those patients assessed at risk of dehydration.

Fluid intake records were completed as required and total intake was entered into the daily progress records accordingly.

Patients were observed to be able to access fluids with ease throughout the inspection. Staff were observed offering patients additional fluids throughout the inspection. Fresh drinking water/various cordials were available to patients in lounges, dining rooms and bedrooms.

Compliance Level: Compliant

8.3 Patients / residents, representatives and staff questionnaires

The inspector met with a number of residents / patients and some family members. There was a relaxed atmosphere in the home during the inspection and residents and patients were observed enjoying diversional therapies in the morning and afternoon. All residents and patients appeared to be well cared for and suitably dressed for the season.

Some comments received from patients, residents and their representatives:

“Wonderful this is a great home”

“Staff treat me very well”

“The care and food is great, staff always pleasant.”

Some comments received from staff:

“This is a good place to work, there have been some staffing difficulties over the summer but we know that there are new staff on their way”

“We are looking forward to the new manager starting in post and feel that with some strong leadership the teams will come back together again”

“Training is very good”

“I would be happy to recommend this home to my family “

8.4 A number of additional areas were also examined.

- records required to be held in the nursing home
- guardianship
- Human Rights Act 1998 and European Convention on Human Rights (ECHR) DHSSPS and Deprivation of Liberty Safeguards (DOLS)
- Patient and staff quality of interactions (QUIS)
- Complaints
- patient finance pre-inspection questionnaire
- NMC declaration
- staffing and staff comments
- comments from representatives/relatives *and visiting professionals*
- environment

Full details of the findings of inspection are contained in section 10 of the report.

The inspector can confirm that at the time of this inspection the delivery of care to patients and residents was evidenced to be of a good standard. There were processes in place to ensure the effective management of the themes inspected.

The home’s general environment was generally well maintained and patients were observed to be treated with dignity and respect. However, areas for improvement were identified in relation to the management of hygiene standards in a communal bathroom on the ground floor, the availability of sufficient bed linens, towels and face cloths to meet the needs of the patients and the management of the dining experience for patients.

Requirements are raised.

Therefore, four requirements are raised as a consequence of inspection and eleven requirements and one recommendation previously raised have been evidenced to have been fully complied with.

The requirements raised are detailed throughout the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients, residents, their representatives, the acting manager and regional manager and staff for their assistance and co-operation throughout the inspection process.

The inspector would also like to thank the patients, relatives and staff who completed questionnaires.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 4 April 2014

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Validation of Compliance
C/F	12 (1) (a) (b)	<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> <ul style="list-style-type: none"> • Meets his individual needs; • Reflects current best practice. <p>The home manager must consider the issues identified with Patient 'A' and ensure that all other patient's care records are updated accordingly.</p> <p>Patient 'A' records must be updated to reflect the following;</p> <ul style="list-style-type: none"> • The time of care delivered must be accurately recorded at all times • Pain assessment must 	<p>The inspector having reviewed the nursing care records of a number of patients can confirm that the records are maintained in keeping with regulations and professional guidelines.</p>	<p>Compliant</p>

		<p>be undertaken for all patients requiring regular or occasional analgesia throughout the day.</p> <ul style="list-style-type: none"> • The pain assessment tool used must be appropriate for each individual patient • The home manager must ensure that the Malnutrition Universal Screening Tool (MUST) is completed to consider the previous 3-6 months weight loss • Referral to the GP / Dietician must be accurately recorded to evidence that appropriate actions have been taken when significant weight loss is identified • Daily records of food and fluid intake must be wholly and accurately completed. The daily intake records should be reviewed by the nurse in charge and countersigned. The total food and fluid 		
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		intake details should be recorded in each patient's nursing care daily progress records.		
C/F	20(1)(c)(i)	<p>The registered person must ensure that all registered nursing staff and care staff receive refresher training in;</p> <ul style="list-style-type: none"> The legal aspect of record keeping 	The inspector can confirm that training has been delivered for registered nursing staff in respect of this subject.	Compliant
C/F	19(1) Schedule 3	The registered person must ensure that patient's nursing care records are maintained appropriately and are an accurate reflection of all care delivered.	The inspector can confirm that nursing care records are maintained appropriately as required.	Compliant
1.	3(1)(a)	<p>The registered provider must ensure that the statement of purpose is;</p> <ul style="list-style-type: none"> updated to reflect the identified areas updated to reflect the change in business strategy forming a dementia care home. 	The inspector can confirm that the statement of purpose is reflective of the service delivered.	Compliant

2.	4(1)(a) &(d)	The registered provider must ensure that the service users' guide is updated as identified.	The inspector can confirm that the service users' guide has been appropriately updated.	Compliant
3.	Regulation 12 of The Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005	The registered provider must update and re submit the variation application to ensure that it accurately reflects the proposed categories of care.	The inspector can confirm that the variation process was completed as required.	Compliant
4.	27 (2)(b)	<p>The registered provider must ensure that;</p> <ul style="list-style-type: none"> • the flooring to the lounge and dining areas in the nursing dementia unit are replaced as soon as possible. A date for completion of this work should be available for the estates inspection week commencing 7th April 2014 	The inspector can confirm that the flooring to the identified areas has been replaced as required.	Compliant

5.	27 (2)(b)	<p>The registered provider must ensure that;</p> <ul style="list-style-type: none"> • the damaged surfaces in the kitchen area of the proposed dementia unit must be made sound • splash backs must be provided in the kitchen area of the proposed residential dementia unit • the surface damage to the walls at the entrance to the ground floor residential dementia unit must be maintained in an hygienic state • the inside of the double doors to the ground floor residential dementia unit must be maintained sound and hygienic. • the discarded chair in the garden must be removed 	<p>The inspector can confirm that all issues raised previously have been actioned as required.</p>	<p>Compliant</p>
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6.	27(4)(b)	<p>The registered provider must ensure that ;</p> <ul style="list-style-type: none"> • all fire doors in the proposed residential dementia unit close effectively. • discarded smoking equipment must not be left in the service users garden 	<p>The inspector can confirm that the doors to the first floor residential dementia unit are operating effectively at the time of this inspection.</p> <p>No smoking equipment was evidenced in the residents' garden area.</p>	Compliant
7.	18(2)(c)	<p>The registered provider must ensure that all identified equipment is available prior to the admission of any residents in the residential dementia unit.</p>	<p>The inspector can confirm that following a pre admission assessment all equipment is made available as required for the admission prior to the arrival of the patient.</p>	Compliant

8.	14(5) Reference Article 5 of the European Convention on Human Rights (ECHR)	<p>The registered provider must ensure that no patient is subject to restraint unless restraint of the kind deployed is the only practicable means of securing the welfare of that or any other patient and there are exceptional circumstances.</p> <ul style="list-style-type: none"> • The registered person must review <u>with urgency</u> the current use of key pad egress into, out of and throughout the home. • All exits from the home must be reviewed and actions taken accordingly. 	<p>The inspector can confirm that there was no evidence of de facto detention in the home at the time of the inspection. The key pad access to the front door of the home has been risk assessed and is accepted by the inspector as being managed appropriately.</p>	Compliant
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No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
C/F	13.1	<p>The programme of activities and events provides positive outcomes for patients and is based on the identified needs and interests of patients.</p> <p>Carried forward for review at next inspection visit.</p>	<p>The inspector can confirm that the current programme of activities and events for patients and residents is based upon each person's individual needs and interests. Patients and residents all agreed that they have good stimulation in the home and that they are involved in the planning of the activities programme.</p>	Compliant

9.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

There has been one contact made with RQIA in respect of a concerns raised by a family member regarding staffing and food quality. The content of this concern informed this inspection process.

There have been nil notifications to RQIA regarding safeguarding of vulnerable adults (SOVA) incidents since the previous inspection.

10.0 Additional areas examined

10.1 Records required to be held in the nursing home

Prior to the inspection a check list of records required to be held in the home under Regulation 19(2) Schedule 4 of The Nursing Homes Regulations (Northern Ireland) 2005 was forwarded to the home for completion. The evidence provided in the returned questionnaire confirmed that the required records were maintained in the home and were available for inspection.

10.2 Patients/residents under guardianship

There were no patients/residents currently resident at the time of inspection in the home.

10.3 Human Rights Act 1998 and European Convention on Human Rights (ECHR) DHSSPS and Deprivation of Liberty Safeguards (DOLS)

The inspector discussed the Human Rights Act and Human Rights Legislation with the acting home manager and one of the registered nurses. The inspector can confirm that copies of these documents were available in the home.

The acting home manager and registered nurse demonstrated an awareness of the details outlined in these documents.

The acting home manager informed the inspector that these documents will be discussed with staff during staff meetings and that staff will be made aware of their responsibilities in relation to adhering to the Human Rights legislation in the provision of patients care and accompanying records.

10.4 Quality of interaction schedule (QUIS)

The inspector undertook two periods of observation in the home which lasted for approximately 20 minutes each.

The inspector observed the lunch meal being served in the ground floor dining room and in the interactions between patient and staff in upstairs sitting room.

The observation tool used to record this observation uses a simple coding system to record interactions between staff, patients and visitors to the area being observed.

Positive interactions	48
Basic care interactions	3
Neutral interactions	0
Negative interactions	2

The inspector evidenced that the quality of interactions between staff and patients/residents was generally positive.

Two negative interactions were observed. This referred to the observations of two staff members during the serving of lunch in the ground floor dining room.

The negative interactions refer to;

- A staff member using undignified terms such as 'bibs' when discussing the supply of clothing protectors
- Another staff member referring to pureed meals as 'like baby food'

Various other concerns were raised by the inspector in respect of the management of the meal service. The acting home manager agreed to take immediate action to address the deficits with staff. Details of the findings of the meal service are detailed below.

A description of the coding categories of the Quality of Interaction Tool is appended to the report.

10.5 Complaints

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

The inspector reviewed the complaints records. This review evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

The acting home manager informed the inspector that lessons learnt from investigations were acted upon.

10.6 Patient finance questionnaire

Prior to the inspection a patient financial questionnaire was forwarded by RQIA to the home for completion. The evidence provided in the returned questionnaire indicated that patients' monies were being managed in accordance with legislation and best practice guidance.

10.7 NMC declaration

Prior to the inspection the acting home manager was asked to complete a proforma to confirm that all nurses employed were registered with the Nursing and Midwifery Council of the United Kingdom (NMC).

The evidence provided in the returned proforma indicated that all nurses, including the registered manager, were appropriately registered with the NMC. This was also evidenced by the inspector on the day of inspection.

10.8 Questionnaire findings

10.8.1 Staffing/staff comments

Discussion with the acting home manager and a number of staff and review of a sample of staff duty rosters evidenced that the registered nursing and care staffing levels were found to be in line with the RQIA's recommended minimum staffing

guidelines for the number of patients currently in the home. The acting home manager informed the inspector that arrangements were in place for the appointment of a new home manager who will be coming forward to RQIA for registration in due process. There were also plans to introduce two deputy managers in the home which is commendable. The ancillary staffing levels were found to be satisfactory. The acting home manager informed the inspector that discussions were currently taking place in regard to providing additional hours for the provision of activities to patients.

Staff were provided with a variety of relevant training including mandatory training since the previous inspection.

During the inspection the inspector spoke to 18 staff. The inspector was able to speak to a number of these staff individually and in private. On the day of inspection nine staff completed questionnaires. The following are examples of staff comments during the inspection and in questionnaires;

“This is a good place to work, there have been some staffing difficulties over the summer but we know that there are new staff on their way”

“We are looking forward to the new manager starting in post and feel that with some strong leadership the teams will come back together again”

“Training is very good”

“I would be happy to recommend this home to my family “

10.8.2 Patients’ comments

During the inspection the inspector spoke with 12 patients individually and with a further 35 in groups. In addition, on the day of inspection, six patients were assisted by the inspector to complete questionnaires.

The following are examples of patients’ comments made to the inspector and recorded in the returned questionnaires.

“The girls are very good and will help me if I need anything”

“I have good craic with the girls we can always joke and laugh”

“I find that the food is always very good”

“I would rather be at home but know that this is where I need to be to get the help I need”

10.8.3 Patient representative/relatives’ comments

During the inspection the inspector spoke with four representatives/relatives/visitors. In addition, on the day of inspection, two representatives/relatives completed and returned questionnaires.

The following are examples of relatives’ comments during inspection and in questionnaires;

“The staff are all very good; I don’t know what we would do without them”

“I have confidence that the team will contact me if anything is wrong”

“I feel I can sleep well at night knowing that my mother is well cared for”

10.8.4 Professionals' comments

The inspector did not get the opportunity to meet with any visiting professional on the day of inspection.

10.9 Dining room observations

- The dining area on the ground floor was poorly prepared for the meal prior to the arrival of patients.
- Jugs of cordial, fresh water or milk were not left ready for patient consumption.
- The cutlery for patient use was not appropriate to the meal served for certain individual patients i.e. insufficient spoons were available for patients requiring modified diets
- There was no choice of fluids available for with meals
- Coloured plastic glasses were in use on the tables and in the inspectors professional opinion this was inappropriate and undignified for patients
- Condiments were not available on the tables and whilst staff did say they were in the dining room side board they were not offered to patients with their meal
- One registered nurse was observed to be assisting a number of patients with their meal at the one time
- One staff member was noted to shout across the dining room 'are there any more bibs anywhere?' The use of the term 'bib' is undignified and not acceptable
- Meals were covered for transportation to bedrooms with inappropriate equipment
- There was no evidence of equipment such as plate guards for use with more independent patients
- A number of patients required the use of clothing protectors during the meal. The current design of clothing protectors used raised concerns regarding the promotion of the patient's dignity. The acting home manager should review the use of the current protector to consider whether there may be another design more appropriate such as large fabric napkins.
- Hot food trolley was not appropriately equipped with sufficient utensils for meal service. Modified meals were served using a small dessert spoon instead of an appropriate serving spoon. This resulted in food being spilt across the rim of the plate. Action was not taken by the catering team staff member to address this presentation before the meal was delivered to the patient.
- The modified meal was served to a very fluid consistency. Staff should be appropriately trained to prepare the various stages of the modified diet to ensure that meal times are the most interesting and social events of the day.
- Catering staff presented themselves for meal service wearing their food soiled catering aprons
- There was inappropriate use of the patients' toilet facility opposite the ground floor dining room by one member of staff. The inspector on observing this challenged the staff member and immediate action was taken to minimise the risks of infection control

A requirement is raised.

10.10 General environment of the home and availability of linens / towels etc.

The inspector raised concerns with the acting home manager in respect of the hygiene standards of the communal bathroom on the ground floor. The areas of concern included the following;

- Incontinence products and disposable wipes were stock on top of the toilet cistern and on top of a bathroom cupboard
- Communal toiletries were evidenced on the bathroom window ledge
- A wheelchair was stored inappropriately in the bathroom
- A yellow contaminated refuse bag was overfilled to the point where the lid was unable to be closed
- The hoist attachment scales were left sitting on the bath chair
- A box of dry wipes was evidenced fallen below the bathchair seat
- There was a packet of dry wipes sitting on the radiator. The packet was noted to be faecal stained
- There were two packets of disposable gloves opened and left on the radiator

The inspector raised immediate concerns regarding the management of communal bathroom areas with the acting home manager. The issues raised were addressed immediately and no other bathroom was evidenced to have similar infection prevention and control issues. The acting home manager however must establish a quality assurance process to ensure that the hygiene standards of all such areas are maintained to an acceptable standard.

A requirement is raised.

The inspector was advised by a number of staff that there can be a general shortage of bed linens, towels and face cloths.

As part of the inspection process the inspector visited the laundry area and met with the person responsible to the laundry of bed lines and towels etc. The inspector was advised by this staff member that she had sufficient time to process the laundry and ensure that it was delivered back to the patients / staff before going off duty. At 4pm on the day of inspection when the laundry would be finishing work, the inspector checked the stock availability of the linen cupboards. These were empty of bed linen, towels and facecloths. The inspector discussed this matter during feedback with the acting home manager and was given an assurance that additional stock for sheets, towels and facecloths would be purchased immediately.

A requirement is raised.

10.11 Staff training needs

Given the observations by the inspector during the meal service and review of the communal bathroom on the ground floor the inspector raised a requirement to address a number of training needs for staff. These include;

- Catering staff be provided with training on the preparation and service of modified diets
- Catering staff receive further training in customer service and presentation of themselves when out interacting with patients/ residents during meal service
- All staff receive refresher training on how to present and deliver meal service
- All staff should receive refresher training on infection prevention and control in particular with the management of communal bathroom areas.

11.0 Quality improvement plan

The details of the quality improvement plan appended to this report were discussed with Miss Amanda Mitchell, acting manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider / manager is required to record comments on the quality improvement plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Linda Thompson
The Regulation and Quality Improvement Authority
9th Floor, Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**

Appendix 1

Section A	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.1</p> <ul style="list-style-type: none"> At the time of each patient’s admission to the home, a nurse carries out and records an initial assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient’s immediate care needs. Information received from the care management team informs this assessment. <p>Criterion 5.2</p> <ul style="list-style-type: none"> A comprehensive, holistic assessment of the patient’s care needs using validated assessment tools is completed within 11 days of admission. <p>Criterion 8.1</p> <ul style="list-style-type: none"> Nutritional screening is carried out with patients on admission, using a validated tool such as the ‘Malnutrition Universal Screening Tool (MUST)’ or equivalent. <p>Criterion 11.1</p> <ul style="list-style-type: none"> A pressure ulcer risk assessment that includes nutritional, pain and continence assessments combined with clinical judgement is carried out on all patients prior to admission to the home where possible and on admission to the home. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 12(1) and (4); 13(1); 15(1) and 19 (1) (a) schedule 3</p>	
Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section	Section compliance level
<p>Preadmission assessments are completed on all residents prior to admission. At pre admission the residents care needs are identified. Information also received from the Care Management team used in assessment The Must Tool is used in the admission assessments along with any relevant SALT or dietician information that is provided, This is then reviewed monthly or more often if required. Braden is used to assess each resident’s risk of developing pressure sores and reviewed monthly or more often if required.</p>	Compliant

Section B	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.3</p> <ul style="list-style-type: none"> A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients' and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professional. <p>Criterion 11.2</p> <ul style="list-style-type: none"> There are referral arrangements to obtain advice and support from relevant health professionals who have the required expertise in tissue viability. <p>Criterion 11.3</p> <ul style="list-style-type: none"> Where a patient is assessed as 'at risk' of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual's needs and comfort is drawn up and agreed with relevant healthcare professionals. <p>Criterion 11.8</p> <ul style="list-style-type: none"> There are referral arrangements to relevant health professionals who have the required knowledge and expertise to diagnose, treat and care for patients who have lower limb or foot ulceration. <p>Criterion 8.3</p> <ul style="list-style-type: none"> There are referral arrangements for the dietician to assess individual patient's nutritional requirements and draw up a nutritional treatment plan. The nutritional treatment plan is developed taking account of recommendations from relevant health professionals, and these plans are adhered to. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1); 14(1); 15 and 16</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
Each resident has a named nurse who is responsible for the development and review of each residents care plan, The named nurses are responsible for reviewing and updating at least monthly. Involvement from the MDT and family and resident are also used in the review of care plans.	Compliant

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Referrals to the TVN are made directly to her from the trained staff, this is followed up either by a visit or telephone call from her to continue to offer support and guidance. She provides expert advice on choice of dressings and frequency of dressing change. She also devises a plan of care which the nurses must follow. Trained staff then will develop a careplan and wound care charts in line with the TVN plan of care and review and evaluate.

Referrals are made directly to podiatry for the residents who require any input in relation to lower limb or foot ulceration.

Referrals to the dietician are made through the GP from the trained staffs request based on their clinical assessment and judgement. Residents are seen by the dietician and plans of care are drawn up for trained staff to incorporate into their careplans and disseminate and review.

Section C	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.4 <ul style="list-style-type: none"> • Re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1) and 16	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
The trained staff review the care delivered at least monthly intervals using the assessment tools and clinical records.	Compliant

Section D	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.5 <ul style="list-style-type: none"> All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations. Criterion 11.4 <ul style="list-style-type: none"> A validated pressure ulcer grading tool is used to screen patients who have skin damage and an appropriate treatment plan implemented. Criterion 8.4 <ul style="list-style-type: none"> There are up to date nutritional guidelines that are in use by staff on a daily basis. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulation 12 (1) and 13(1)	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
The trained staff review the care delivered at least monthly intervals using the assessment tools and clinical records.	Compliant

Section E	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.6</p> <ul style="list-style-type: none"> Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients. <p>Criterion 12.11</p> <ul style="list-style-type: none"> A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory. <p>Criterion 12.12</p> <ul style="list-style-type: none"> Where a patient’s care plan requires, or when a patient is unable, or chooses not to eat a meal, a record is kept of all food and drinks consumed. Where a patient is eating excessively, a similar record is kept. All such occurrences are discussed with the patient are reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 19(1) (a) schedule 3 (3) (k) and 25</p>	
Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section	Section compliance level
<p>Progress notes are kept and updated at least twice daily on all residents; they are completed by trained staff. Trained staff also complete care plans, risk assessments and evaluate them at least monthly. After each meal a record is kept of what has been eaten/offered/refused for each resident. All residents when their care plan indicates, fluids are recorded and a daily target for 24hrs is recorded and the actual daily intake is recorded in the progress notes. Each identified residents care plan specifies the target fluid intake for 24hrs and where the target is not achievable, advise is sought from the MDT and utilized.</p>	Compliant

Section F	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.7 <ul style="list-style-type: none"> The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulation 13 (1) and 16	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>Each individual residents progress notes are updated at least twice within a 24hr period. Any changes, outcomes and care interventions are recorded by the nurse in charge.</p> <p>The care plans, risk assessments are evaluated monthly by the primary nurse and they are reviewed at patient care reviews along with the care manager, family and members of the MDT</p>	Compliant

Section G	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.8</p> <ul style="list-style-type: none"> Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multidisciplinary review meetings arranged by local HSC Trusts as appropriate. <p>Criterion 5.9</p> <ul style="list-style-type: none"> The results of all reviews and the minutes of review meetings are recorded and, where required, changes are made to the nursing care plan with the agreement of patients and representatives. Patients, and their representatives, are kept informed of progress toward agreed goals. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13 (1) and 17 (1)</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
Care reviews are attended by the primary nurse, Team Leader Senior Carer, caremanager, family, and where possible the resident. Care reviews are minuted and any actions identified are agreed at the meeting, A copy of the care review minutes is kept in te residents file and a copy sent to the patients NOK. Menus have been devised by cook in consultation with dietitianand health promotion agency, incorporating residents like/dislikes and specialised diets. Staff are aware and are pro active in provising alternatives, if a resident doesnt eat the prepared meal, this is recorded in the food/fluid intake record. Nutritional guidelines are available in the kitchen and in the units	Compliant

Section H	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 12.1</p> <ul style="list-style-type: none"> Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Full account is taken of relevant guidance documents, or guidance provided by dieticians and other professionals and disciplines. <p>Criterion 12.3</p> <ul style="list-style-type: none"> The menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided. A choice is also offered to those on therapeutic or specific diets. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 13 (1) and 14(1)</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>Menus have been devised by a qualified cook in consultation with dietitian and health promotion agency, We are currently incorporating residents like/dislikes and specialised diets. Staff are now aware and are pro active in providing alternatives, if a resident doesnt eat the prepared meal, this is recorded in the food/fluid intake record. Nutritional guidelines are available in the kitchen and on both floors</p>	Substantially compliant

Section I	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 8.6</p> <ul style="list-style-type: none"> • Nurses have up to date knowledge and skills in managing feeding techniques for patients who have swallowing difficulties, and in ensuring that instructions drawn up by the speech and language therapist are adhered to. <p>Criterion 12.5</p> <ul style="list-style-type: none"> • Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times. <p>Criterion 12.10</p> <ul style="list-style-type: none"> • Staff are aware of any matters concerning patients’ eating and drinking as detailed in each individual care plan, and there are adequate numbers of staff present when meals are served to ensure: <ul style="list-style-type: none"> ○ risks when patients are eating and drinking are managed ○ required assistance is provided ○ necessary aids and equipment are available for use. <p>Criterion 11.7</p> <ul style="list-style-type: none"> • Where a patient requires wound care, nurses have expertise and skills in wound management that includes the ability to carry out a wound assessment and apply wound care products and dressings. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13(1) and 20</p>	
Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section	Section compliance level
Nurses and carers have an ongoing training plan to ensure their knowledge and skills are maintained for assisting residents with swallowing difficulties. The SALT team regularly review the residents and complete a plan of care which the trained staff then incorporate into the care plans and disseminate to the care staff and catering staff . Trained staff also make professional judgement calls and ask for SALT to review clients they have concerns about and care plans	Moving towards complian

are up dated accordingly.Meals are provided at conventional times for the residents and additional snacks and hot cold drinks are always availble, where residents are unable to verbalize a request staff use there non verbals cue to determine their request.

Staff are well updated and informed of any risks or changes to the eating and drinking needs of the residents, this is disseminated through handover, and resident updates as changes may occur. We alos have commenced a meal time focus list for residents at risk

Trained staff have on going training plan in wound care management and are supported by the TVN for additional guidance and support.

PROVIDER'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST STANDARD 5

COMPLIANCE LEVEL

Moving towards compliance

Appendix 2

Explanation of coding categories as referenced in the Quality of Interaction Schedule (QUIS)

<p>Positive social (PS) – care over and beyond the basic physical care task demonstrating patient centred empathy, support, explanation, socialisation etc.</p>	<p>Basic care: (BC) – basic physical care e.g. bathing or use of toilet etc. with task carried out adequately but without the elements of social psychological support as above. It is the conversation necessary to get the task done.</p>
<ul style="list-style-type: none"> • Staff actively engage with people e.g. what sort of night did you have, how do you feel this morning etc. (even if the person is unable to respond verbally) • Checking with people to see how they are and if they need anything • Encouragement and comfort during care tasks (moving and handling, walking, bathing etc.) that is more than necessary to carry out a task • Offering choice and actively seeking engagement and participation with patients • Explanations and offering information are <input type="checkbox"/> tailored to the individual, the language used easy to understand ,and non-verbal used were appropriate • Smiling, laughing together, personal touch and empathy • Offering more food/ asking if finished, going the extra mile • Taking an interest in the older patient as a person, rather than just another admission • Staff treat people with respect addressing older patients and visitors respectfully, providing timely assistance and giving an explanation if unable to do something right away • Staff respect older people’s privacy and dignity by speaking quietly with older people about private matters and by not talking about an individual’s care in front of others 	<p>Examples include: Brief verbal explanations and encouragement, but only that the necessary to carry out the task</p> <p>No general conversation</p>

<p>Neutral (N) – brief indifferent interactions not meeting the definitions of other categories.</p>	<p>Negative (NS) – communication which is disregarding of the residents’ dignity and respect.</p>
<p>Examples include:</p> <ul style="list-style-type: none"> • Putting plate down without verbal or non-verbal contact • Undirected greeting or comments to the room in general • Makes someone feel ill at ease and uncomfortable • Lacks caring or empathy but not necessarily overtly rude • Completion of care tasks such as checking readings, filling in charts without any verbal or non-verbal contact • Telling someone what is going to happen without offering choice or the opportunity to ask questions • Not showing interest in what the patient or visitor is saying 	<p>Examples include:</p> <ul style="list-style-type: none"> • Ignoring, undermining, use of childlike language, talking over an older person during conversations • Being told to wait for attention without explanation or comfort • Told to do something without discussion, explanation or help offered • Being told can’t have something without good reason/ explanation • Treating an older person in a childlike or disapproving way • Not allowing an older person to use their abilities or make choices (even if said with ‘kindness’) • Seeking choice but then ignoring or over ruling it • Being angry with or scolding older patients • Being rude and unfriendly • Bedside hand over not including the patient

References

QUIS originally developed by Dean, Proudfoot and Lindesay (1993). The quality of interactions schedule (QUIS): development, reliability and use in the evaluation of two domus units. *International Journal of Geriatric Psychiatry* Vol *pp 819-826.

QUIS tool guidance adapted from Everybody Matters: Sustaining Dignity in Care. London City University.



Quality Improvement Plan

Unannounced Primary Inspection

Blair House Care Home

4 September 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Amanda Mitchell acting home manager and Mr Gavin O'Hare–Connolly regional manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements					
This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	13(7)	<p>The registered person must ensure that the management of communal bathroom areas are maintained appropriately to minimise the risk of cross infection between patients and staff.</p> <p>Ref section 10.10</p>	One	<p>This has been addressed through supervision and staff meetings .All staff are trained in infection control .</p> <p>The cupboard was removed from communal bathroom</p> <p>This is monitored by manager on her daily walkaround.</p>	Immediate from date of inspection and ongoing.
2.	12(4)	<p>The registered person must ensure that ;</p> <ul style="list-style-type: none"> • The dining room is appropriately prepared in readiness for meals • Sufficient appropriate cutlery is always available • Condiments are set out when patients are served meals • A choice of fluids are available with meals • Drinks are served in appropriate glassware • There are sufficient appropriate clothing protectors available as required • Patients are assisted with meals in a dignified manner • Sufficient staff are available to assist patients as required with meals 	One	<p>Supervision has been carried out with House Keeping and Catering staff into the presentation of dining room for meals .</p> <p>Additional condiments, glasses, equipment and settings have been purchased .</p> <p>This will be monitored by head cook to ensure adequate provision within the home.</p> <p>There is a choice of fluids offered at mealtimes</p> <p>All Staff are in the process of completeing the creative minds programme which incorporates dignity of all residents</p>	Immediate from date of inspection and ongoing.

		<ul style="list-style-type: none"> • Appropriate equipment is available to cover meals being taken to patients in their own rooms <p>Ref section 10.9</p>			
3.	2020(1)(c)(iii)	<p>The registered person must ensure that ;</p> <ul style="list-style-type: none"> • Catering staff are provided with training on the preparation and service of modified diets • Catering staff are trained in customer service and presentation of themselves when out interacting with patients/ residents • All staff receive refresher training on how to present and deliver meal service <p>Ref section 10.11</p>	One	<p>Training in nutrition / food presentation and modified diets has been arranged for 4th November 2014 with the Trust</p> <p>A Training Plan is in place for all staff to receive update on nutrition and food presentation. This is being delivered by Nora Curran</p>	By end September 2014.
4.	12(2)(a)	<p>The registered person must ensure that there is always an appropriate supply of bed linens, towels and face cloths to meet the needs of the patients.</p> <p>Ref section 10.10</p>	One	<p>Additonal linen , towels has been purchased and will be monitoresdby Head of Housekeepiing to ensure adequate supply .</p>	From date of inspection and ongoing.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and return to nursing.team@rqia.org.uk

Name of Registered Manager Completing Qip	Mandy Mitchell
Name of Responsible Person / Identified Responsible Person Approving Qip	Caroline Denny

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Linda Thompson	27/10/14
Further information requested from provider			