Unannounced Care Inspection Report
21 and 22 February 2017

Kilwee Care Home

Type of Service: Nursing Home
Address: 42f Cloona Park, Dunmurry, Belfast BT17 0HH
Tel No: 028 9061 8703
Inspector: Sharon McKnight

1.0 Summary

An unannounced inspection of Kilwee took place on 21 February 2017 from 09:10 to 17:00 and 22 February 2017 from 09:10 to 15:30.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and a review of the staffing roster evidenced that the planned staffing levels were generally adhered to. Concerns regarding staffing arrangements raised by relatives were discussed with the registered manager.

We observed a patient whose chair was positioned in such a way against a desk that the patient was unable to get up. The issue was referred by RQIA to the adult safeguarding team in the South Eastern Health and Social Care Trust (SEHSCT) for investigation under the DHSSPS Adult Safeguarding Prevention and Protection in Partnership Policy. A requirement was made with regard to restrictive practice. A previous recommendation with regard to staff awareness of restrictive practice was stated for a second time.

We reviewed the management of patients identified as being at high risk of falls and who due to their cognitive impairment were unable to maintain their own safety. It was recommended that a multi-disciplinary review of patients assessed at high risk of falls should be requested to ensure that staff are supported to manage patient safety in keeping with best practice. A further recommendation was made to review the supervision arrangements for patients.

A review of the home's environment was undertaken and the home was found to be warm, well decorated, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction.

A total of one requirement and three recommendations were made within the domain of safe care.

Is care effective?

Review of seven patient care records evidenced that a comprehensive assessment of need and a range of validated risk assessments were completed for each patient and reviewed as required and as a minimum monthly.

We reviewed the management of swallowing difficulties, wound care, enteral feeding and catheter management and were assured by discussion with staff and care records that care was managed effectively. Areas for improvement were identified with record keeping and two recommendations were made.

We observed the serving of breakfast and lunch in the dementia units and the three week menu. There was a choice of two main dishes on the menu for lunch and evening tea. We noted that on the record of meals staff often chose soup and potatoes for those patients who required a pureed meal. Following discussion with the chef and a review of the menu we were

assured that there was choice for all patients. To ensure all patients receive a varied diet, staff should support patients to choose from the full range of dishes available on the menu. This includes patients who require a modified diet. A recommendation was made.

A total of three recommendations were made within the domain of effective care.

Is care compassionate?

We arrived in the home at 09:10 hours. There was a calm atmosphere and staff were busy attending to the needs of the patients. The majority of patients were sitting in the dining rooms or their bedrooms waiting for breakfast.

Patients spoken with commented positively with regard to the care they received. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. A review of care charts evidenced that those patients who were nursed in their bedrooms were attended to regularly by staff.

In one identified unit doll therapy was in place for a number of patients. It was evident that the patients involved were comforted by the presence of the dolls. Staff commented positively on the effects of doll therapy but they had not received any awareness training or understanding of the evidence base or best practice for the implementation of the initiative. A recommendation was made.

We spoke with eight relatives; generally relatives were satisfied with the standard of care, communication with staff and spoke highly of the care. Concerns raised by relatives of two patients were shared with the registered manager and clinical governance/operations manager who confirmed they were aware of the issues and agreed to meet with the families to discuss the concerns further.

A total of one recommendation was made within the domain of compassionate care.

Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Conversations with patients and relatives confirmed that they were aware of the roles of the staff in the home and to whom they should speak if they had a concern.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately. Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. The compliments received from the relatives of former and current patients were also reviewed and evidenced that numerous had been received since the previous inspection.

No areas for improvement were identified within the domain of well led.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	7*

*The total number of recommendations includes one recommendation which has been stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Grace Pena, registered manager and Wendy Blakely, clinical governance/operations manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent inspection.

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 13 October 2016. There were no further actions required to be taken following the most recent inspection.

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

2.0 Service details

Registered organisation/registered person: Merit Retail Ltd Therese Elizabeth Conway (acting)	**Registered manager:** Grace Pena
Person in charge of the home at the time of inspection: Grace Pena	**Date manager registered:** 8 January 2013
Categories of care: NH-DE, NH-I, NH-PH, NH-PH(E), NH-MP A maximum of 36 patients in category NH-DE and 12 patients in categories NH-I, NH-PH and NH-PH(E)	**Number of registered places:** 48

3.0 Methods/processes

Prior to inspection we analysed the following information:

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

During the inspection we met with three patients individually and with the majority in small groups, two registered nurses, six care staff, the activity leader and eight relatives.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

Questionnaires were also left in the home to facilitate feedback from patients, their representatives and staff not on duty. Ten, staff and patient representative questionnaires were left for completion.

The following information was examined during the inspection:

- Staffing rota for week commencing 10 and 17 February 2017
- training records
- two staff induction records
- seven patients' care records
- accident reports and monthly analysis
- menu and patient menu choice sheets
- complaints and compliments records

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 13 October 2016

The most recent inspection of the home was an unannounced medicines management inspection. There were no requirements or recommendations made as a result of this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 17 May 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 47.3 **Stated:** First time	It is recommended that the registered manager should ensure that the issues regarding poor manual handling are addressed with the member of staff through supervision; measures should be implemented to ensure that their training is embedded into practice. Confirmation of the action taken should be provided to RQIA in the returned QIP.	**Met**
	Action taken as confirmed during the inspection: A review of records evidenced that supervision had been completed with the identified member of staff. Following supervision and additional training the registered manager completed moving and handling observation audits which evidenced that the learning from the supervision and training was embedded into practice. This recommendation has been met.	
Recommendation 2 **Ref**: Standard 18.10 **Stated:** First time	It is recommended that staff are trained to recognise what restrictive practice is, the parameters under which restrictive practice may be implemented and the impact on patients' rights.	**Not Met**
	Action taken as confirmed during the inspection: The registered manager confirmed that awareness training had been completed with staff. However issues identified during this inspection evidenced that staff did not recognise what restrictive practice was, the parameters under which restrictive practice may be implemented and the impact on patients' rights. This recommendation has not been met and has been stated for a second time. Restrictive practice is further discussed in section 4.3 of this report.	

Recommendation 3 **Ref**: Standard 18.3 **Stated:** First time	It is recommended that any decision to use restrictive practice should be discussed, and agreed, with the relevant health care professionals and, where appropriate, the patient and their representatives/relatives.	**Partially met and subsumed as part of a requirement.**
	Action taken as confirmed during the inspection: There was clear evidence in care records that the use of alarm mats and bedrails had been discussed with the relevant health care professionals and, where appropriate, the patient and their representatives/relatives. However, we observed the use of restrictive practice during this inspection that did not comply with this recommendation. Therefore this recommendation has been partially met and has been subsumed as part of a requirement. Please refer to section 4.3 of this report.	

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing roster for week commencing 10 and 17 February 2017 evidenced that the planned staffing levels were generally adhered to.

A concern regarding staffing provision and the impact that short notice absenteeism had on the home was raised by a relative. There were a number of days of absenteeism identified on the two weeks of the duty rotas reviewed. We discussed the management of absenteeism with the registered manager who explained that there were processes in place to proactively manage absence; these processes included an interview with the registered manager when the staff member returned to work. Rotas reflected that whilst some shifts were able to be covered by replacement staff, some were not. Records were maintained of the action taken to replace each staff member. Following discussion with the responsible person and the registered manager and a review of records we were assured that absenteeism was being managed. The registered manager confirmed that they would continue to monitor absenteeism and respond appropriately.

We also sought relative and staff opinion on staffing via questionnaires. Five were returned by relatives in time for inclusion in the report. Whilst three of the respondents were satisfied that staff had sufficient time to care for their relative one commented that, “It would be better if they had more staff to allow the care workers to socialise more with individual residents.” Two respondents replied “no” to this question and commented, “I don’t feel there are enough staff on the first floor” and, “very short staffed.” One of these respondents also replied “no” to the question, “Do you feel that your relative is safe and protected from harm” commenting, “worry about other residents coming into their room.” These comments were shared with the registered manager.

One questionnaire was received from staff. The staff member was satisfied that there was sufficient staff to meet the needs of the patients.

On the first day of the inspection we observed a patient seated at a nurses desk in one unit; the patient's chair was positioned in such a way against the desk that the patient was unable to get up. The furniture was acting as a restraint to the patient and therefore was a restrictive practice. No staff were present at the desk to supervise the patient. A care assistant, supervising the nearby lounge area, confirmed that the patient normally sat at the nurses' desk where they would be supervised by a registered nurse and that the chair would normally be positioned in this manner. We immediately visited the lounge area and patients who were residing in their bedrooms and were assured that no other furniture had been positioned in such a manner which prevented them from mobilising freely. Prior to the conclusion of the inspection the issue of restraint of the identified patient was referred by RQIA to the adult safeguarding team in the South Eastern Health and Social Care Trust (SEHSCT) for investigation under the DHSSPS Adult Safeguarding Prevention and Protection in Partnership Policy. No patient should be subject to restraint unless it is the only practical means of ensuring their welfare and there are exceptional circumstances. A requirement was made.

During the previous care inspection another different issue of restrictive practice was identified and a recommendation made that staff were trained to recognise what restrictive practice was, the parameters under which restrictive practice may be implemented and the impact on patients' rights. This recommendation has now been stated for a second time.

We reviewed the identified patient's care records. The patient was assessed as being at high risk of falls. The care plan to maintain the patient's safety was individualised and provided a clear rationale why the patient should be seated at the nurses' desk and the supervision arrangements to minimise the risk of the patient falling. However, on the morning of inspection no staff were present at the desk to supervise the patient. We reviewed the care records of two other patients identified as being at high risk of falls and, who due to their cognitive impairment, were unable to maintain their own safety. The care records contained a range of assessments and care plans which were individualised and subject to regular review. Following observations, it was recommended that a multi-disciplinary review of patients assessed at high risk of falls should be requested to ensure that staff are supported to manage patient safety in keeping with best practice. A further recommendation was made that the supervision arrangements for patients should be reviewed to ensure that patients are appropriately supervised. This review should include the provision and deployment of staff. One relative spoken with raised concerns regarding the supervision of patients which were shared with the registered manager.

A review of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges and dining rooms. The home was found to be warm, well decorated, fresh smelling and clean throughout. Housekeeping staff were commended for their efforts. Fire exits and corridors were observed to be clear of clutter and obstruction.

Areas for improvement

No patient should be subject to restraint unless it is the only practical means of ensuring their welfare and there are exceptional circumstances. Any decision to use restrictive practice must be discussed, and agreed, with the relevant health care professionals and, where appropriate, the patient and their representatives/relatives.

A multi-disciplinary review of patients assessed at high risk of falls should be requested to ensure that staff are supported to manage patient safety in keeping with best practice.

The supervision arrangements for patients should be reviewed to ensure that patients are appropriately supervised. This review should include the provision and deployment of staff.

Number of requirements	1	Number of recommendations	2

4.4 Is care effective?

Review of seven patient care records evidenced that a comprehensive assessment of need and a range of validated risk assessments were completed for each patient and reviewed as required and at minimum monthly. There was evidence that assessments informed the care planning process. Care records contained good details of patients' individual needs and preferences.

We reviewed the management of swallowing difficulties for one patient. The recommendations made by the speech and language therapist (SALT) were readily available in the patient's care records and available to the patient's relatives in their bedroom. Staff were knowledgeable regarding the type of modified diet and level of supervision the patient required. Observations during mealtimes evidenced that the SALT recommendations were adhered to. Records evidenced that appropriate referrals and follow up had been sought from the dietetic services of the SEHSCT. Records were maintained of the patient's daily dietary and fluid intake; a summary in the patient's care records of their daily intake was made by the registered nurse. The summary statements accurately reflected the information recorded on the dietary and fluid charts.

We reviewed the management of wound care for two patients. Care records contained details of the prescribed regimes and evidenced that generally dressings were renewed regularly. One patient had two wounds; there was one care plan and one wound assessment chart completed for both wounds. Individual care records should be in place for each wound in keeping with best practice. A recommendation was made.

We reviewed the recording of repositioning charts for three patients for the period 17 - 23 February 2017. The patients' care plans stated the frequency with which each patient should be repositioned. The records of repositioning were not consistently recorded; for example on a number of dates there were only three entries; on other days there were gaps of up to five hours between records of repositioning. Care records reflected that the identified patients were often non-compliant with repositioning despite attempts by staff to main zero pressure. Staff spoken with were knowledgeable of the patients' needs and the necessity to ensure they were repositioned regularly. Improvement was required in the records to evidence the care delivery and a recommendation has been made.

We examined the management of enteral feeding for one patient. The dietetic reports which detailed the prescribed nutritional regime were readily available in the patient's care records. Fluid intake charts were maintained for patients who were prescribed enteral feeds. A review of the dietician's report and the completed fluid intake charts evidenced that the prescribed regimes were adhered to. Care plans were in place for the management of enteral feeding. Care records evidenced that the equipment was changed at the prescribed intervals. Systems were in place to alert staff to when the next change was due. A care plan was in place for the management of the patient's oral care. Staff were knowledgeable regarding the required care

and observation of the patient confirmed that the required care was being delivered and was effective. Records to evidence that regular mouth care was being provided throughout the day were not fully completed. The previous recommendation to ensure that records are maintained to evidence care delivery includes mouth care.

We reviewed the management of catheter care. Records evidenced that the patients' intake and urinary output were recorded daily and totalled at the end of every 24 hour period. Care plans were in place which detailed the frequency with which catheters were due to be changed; care records evidenced that they were changed in accordance with the prescribed frequency. Systems were in place to alert staff to when the next change was due.

We observed the serving of breakfast and lunch in the dementia units. The majority of patients had their meals served in the dining rooms which were nicely decorated and clearly defined by the décor and visual prompts as a dining room. The tables were presented with cutlery and napkins; condiments were available. The cupboards and fridges located in the dining rooms were clean and well maintained. Those patients who chose to have their meal outside the dining room had their meal served on a tray. Patients were complimentary regarding the food.

There was a choice of two main dishes on the menu and staff explained that choices for meals were made the previous day. We noted that on the record of meals staff often chose soup and potatoes for those patients who required a pureed meal. The menu was discussed with the chef who confirmed that every meal could be modified and were suitable for patients who required a soft or pureed meal.

The chef explained that for patients who were unable to express a preference, and where there have been issues with choice, the relatives were asked to indicate on the three week menu which dish there relative would prefer. A copy of these choices was available in the kitchen and in the unit where the patient was resident. One relative spoken with had completed these choices for their relative but did not see the choices being provided. The importance of ensuring staff take account of the choices indicated by relatives was discussed with the registered manager. Following discussion with the chef and a review of the menu we were assured that there was choice for all patients however staff must support the patients better to avail of the choices. A recommendation was made.

Areas for improvement

Individual care records should be in place for each wound.

Records should be maintained of repositioning and mouth care to evidence care delivery.

To ensure all patients receive a varied diet staff should support patients to choose from the full range of dishes available on the menu. This includes patients who require a modified diet.

Number of requirements	0	**Number of recommendations**	3

4.5 Is care compassionate?

We arrived in the home at 09:10 hours. There was a calm atmosphere and staff were busy attending to the needs of the patients. The majority of patients were sitting in the dining rooms or their bedrooms waiting for breakfast.

Patients spoken with commented positively with regard to the care they received. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. A review of care charts evidenced that those patients who were nursed in their bedrooms were attended to regularly by staff.

We discussed the provision of activities with the registered manager who explained that they had successfully recruited a new activity co-ordinator and they had commenced duty the week of the inspection. We met with the newly appointed activity co-ordinator who explained they were currently on induction and were very enthusiastic regarding their new role. In one identified unit doll therapy was in place for a number of patients. It was evident that the patients involved were comforted by the presence of the dolls. Staff commented positively on the effects of doll therapy but they had not received any awareness training or understanding of the evidence base or best practice for the implementation of the initiative. The delivery of doll therapy should be monitored to ensure it is in line with evidence based practice. Staff should be provided with the necessary knowledge to implement doll therapy in accordance with best practice. A recommendation was made.

We spoke with eight relatives; generally relatives were satisfied with the standard of care, communication with staff and spoke highly of the care. One relative raised a number of concerns regarding the care their loved one was receiving; some of these concerns had been raised previously with the registered manager and management of the home. With the relatives permission we shared their concerns with the responsible person and registered manager and it was agreed that they would meet with the relative to discuss the individual issues further. We also met with two relatives of another patient who were anxious regarding comments they had read on social media. With the relatives permission we shared their concerns with the registered manager and clinical governance/operations manager who confirmed they were aware of the issue and had taken steps to address the use of social media with staff. They agreed to meet with the family and provide them with some reassurance and clarity around the issues.

We also sought relative's opinion via questionnaires; ten questionnaires were issue and five were returned in time for inclusion in this report. Four of the relatives indicated that they were either very satisfied or satisfied that the care in the home was safe, effective and compassionate and that the service was well led. Comments included:

"My mother feels loved by staff and refers to Kilwee as her home."
"Kilwee is very welcoming to family members and the staff are always approachable."

Comments with regard to staffing have been included in section 4.3 of this report.

Areas for improvement

The delivery of doll therapy should be monitored to ensure it is in line with evidence based practice. Staff should be provided with the necessary knowledge to implement doll therapy in accordance with best practice. A recommendation was made.

Number of requirements	0	**Number of recommendations**	1

4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Conversations with patients and relatives confirmed that they were aware of the roles of the staff in the home and to whom they should speak if they had a concern. The registered manager confirmed that the responsible person and the clinical governance/operations manager were in the home regularly to provide support and assistance as required.

Discussion with the registered manager, a review of care records and observations confirmed that the home was operating within the categories of care registered.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately. An audit of accidents and incident was completed monthly to identify any trends or patterns with the incidence of falls.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. The compliments received from the relatives of former and current patients were also reviewed and evidenced that numerous compliments had been received since the previous inspection.

Areas for improvement

No areas for improvement within the domain of well led were identified during the inspection.

Number of requirements	0	Number of recommendations	0

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Grace Pena, registered manager and Wendy Blakely, clinical governance/operations manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref**: Regulation 14(5) **Stated:** First time **To be completed by:** 23 March 2017.	The registered provider must ensure that no patient is subject to restraint unless it is the only practical means of ensuring their welfare and there are exceptional circumstances. Any decision to use restraint, or restrictive practises, must be discussed, and agreed, with the relevant health care professionals and, where appropriate, the patient and their representatives/relatives. **Ref section 4.2, 4.3**
	Response by registered provider detailing the actions taken: All restrictive practices have been reviewed and are used only in exceptional circumstances. Documentation is in place to evidence discussion and agreement with the appropriate relevant health care professionals and representatives.
Recommendations	
Recommendation 1 **Ref**: Standard 18.10 **Stated:** Second time **To be completed by:** 23 March 2017	It is recommended that the registered provider should ensure that staff are trained to recognise what restrictive practice is, the parameters under which restrictive practice may be implemented and the impact on patients' rights. **Ref section 4.2 and 4.3**
	Response by registered provider detailing the actions taken: Training has been provided to staff on the recognition and use of restrictive practice.
Recommendation 2 **Ref**: Standard 21.1 **Stated:** First time **To be completed by:** 23 March 2017	It is recommended that the registered provider should ensure that a multi-disciplinary review of patients assessed at high risk of falls should be requested to ensure that staff are supported to manage patient safety in keeping with best practice. **Ref section 4.3**
	Response by registered provider detailing the actions taken: All residents at high risk of falls have had a multi-disciplinary assessment completed and a management plan in place for each patient which is kept under review.

Recommendation 3 **Ref**: Standard 41.1 **Stated:** First time **To be completed by:** 23 March 2017	It is recommended that the registered provider should review the supervision arrangements for patients to ensure that patients are appropriately supervised. This review should include the provision and deployment of staff. **Ref section 4.3**
	Response by registered provider detailing the actions taken: A review was completed on the deployment of staff. This arrangement supports the supervision of patients.
Recommendation 4 **Ref**: Standard 4 **Stated:** First time **To be completed by:** 23 March 2017	It is recommended that the registered provider ensures that individual care records are in place for each wound. **Ref section 4.4**
	Response by registered provider detailing the actions taken: All wounds have individual care records in place.
Recommendation 5 **Ref**: Standard 4.9 **Stated:** First time **To be completed by:** 23 March 2017.	It is recommended that the registered provider ensures that repositioning charts and mouth care charts are completed in full to evidence care delivery. **Section 4.4**
	Response by registered provider detailing the actions taken: Repositioning and mouth care charts are completed with the necessary detail to provide evidence of care delivered.
Recommendation 6 **Ref**: Standard 12.1 **Stated:** First time **To be completed by:** 23 March 2017.	It is recommended that the registered provider ensures that staff support patients to choose from the full range of dishes available on the menu. This includes patients who require a modified diet. **Ref section 4.4**
	Response by registered provider detailing the actions taken: Staff support patients daily with menu choices including modified diets.

Recommendation 7 **Ref**: Standard 11.1 **Stated:** First time **To be completed by:** 23 March 2017.	It is recommended that the registered provider monitors the delivery of doll therapy to ensure it is in line with evidence based practice. Staff should be provided with the necessary knowledge to implement doll therapy in accordance with best practice. **Ref section 4.5**
	Response by registered provider detailing the actions taken: The evidence base around the use of doll therapy has been discussed and shared with staff. The use of doll therapy is regularly evaluated to ensure its effectiveness.

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address

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