



Unannounced Care Inspection Report 27 July 2018



Woodmount

Type of Service: Nursing Home (NH)
Address: 15 Melmount Road, Strabane, BT82 9ED
Tel No: 0287188 4234
Inspector: Michael Lavelle

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 32 persons.

3.0 Service details

Organisation/Registered Provider: Woodmount Responsible Individual(s): Alfred Lindsay Woods Roberta Jillian Woods	Registered Manager: Amanda Craig
Person in charge at the time of inspection: Amanda Craig	Date manager registered: 8 April 2016
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of registered places: 32

4.0 Inspection summary

An unannounced inspection took place on 27 July 2018 from 10.20 hours to 16.00 hours.

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

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to staffing, staff recruitment, induction, training, adult safeguarding, communication between residents, staff and other key stakeholders. Additional areas of good practice included the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients, governance arrangements, management of incidents, quality improvement and maintaining good working relationships.

Two areas for improvement under regulation were identified in relation to infection prevention and control practices and ensuring cleaning chemicals are prepared and labelled as per manufacturer's guidance.

Two areas for improvement under the care standards were identified in relation to effective communication of nutritional needs, specifically modified diets and monitoring of fluid intake.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	2

Details of the Quality Improvement Plan (QIP) were discussed with Amanda Craig, registered manager,as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcementaction did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 2 February 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 2 February 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspectionwemet with 10patients, sevenstaff, onevisiting professional and sixpatients'visitors/representatives.Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey and staff not on duty during the inspection.

A poster informing visitors to the home that an inspection was being conducted was displayed. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients, relatives and families, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rota for all staff from weeks beginning 16 July 2018 and 23 July 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- three patient care records
- a selection of patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 2 February 2018

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

6.2 Review of areas for improvement from the last care inspection dated 21 August 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p>	<p>The registered person shall address all the infection prevention and control issues identified in section 6.4 of this report</p> <ul style="list-style-type: none"> • the areas around toilet sinks require resealing • a crack in the treatment room sink; this needs replaced • the shower chair in the identified bedroom was rusted and should to be replaced • the bottoms of wheelchairs and weighing chair require a thorough cleaning and systems implemented to ensure they are maintained clean 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Review of the environment evidenced the above deficits have been addressed. In addition, the cleaning of wheelchairs and weighing scales has been added to the cleaning schedule.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 44.1</p> <p>Stated: First time</p>	<p>The registered person shall address all the environmental issues identified in section 6.4 of this report:</p> <ul style="list-style-type: none"> • the radiator in the disabled toilet 1 requires a cover • replace floor covering in the storage area • replace cracked cistern top and mirror in disabled toilet 3 • replace toilet seat in toilet 1 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Review of the environment evidenced the above deficits have been addressed.</p>	

Area for improvement 3 Ref: Standard 44.1 Stated: First time	The registered person shall complete a risk assessment in all bedrooms with exposed radiators to prevent patients having direct contact with the hot surface.	Met
	Action taken as confirmed during the inspection: Review of the environment evidenced radiator covers have been put in place. Discussion with the registered manager confirmed care plans were in place until radiator covers were in place.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

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 rota from weeks beginning 16 July 2018 and 23 July 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Woodmount. We also sought the opinion of patients on staffing via questionnaires, although none of these were returned within the timeframe to be included in this report.

Review of one staff recruitment file evidenced that these records were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2017/18. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Discussion with the registered manager confirmed training is planned for August 2018. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from March 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Review of one patient's care records pertaining to accident management and discussion with the registered manager evidenced deficits in relation to the post fall management of patients. Review of one care record evidenced that on an occasion where the patient had an unwitnessed fall; neurological observations were not recorded in accordance with best practice guidance. This was discussed with the registered manager who agreed to review the current falls policy used in the home and arrange formal supervision with trained staff in relation to the management of a patient following a fall where a head injury or potential head injury had occurred. This will be reviewed at a future care inspection.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and generally clean throughout. Patients, representatives and staff spoken with were complimentary in respect of the home's environment.

Fire exits and corridors were observed to be clear of clutter and obstruction. Observation of staff confirmed that fire safety training was embedded into practice.

Concerns were identified in regards to the management of infection, prevention and control (IPC) as follows:

- inconsistent approach to effective use of personal protective equipment (PPE) by domestic staff
- storage area in the laundry was cluttered, items stored on the floor and inappropriate items stored there
- pillows not laundered as per manufacturers guidance
- laundry should have a PPE unit erected
- faecal staining and urine staining on identified raised toilet seat and shower chair
- no evidence of high dusting in patient bedrooms
- gaps noted in night duty cleaning records
- identified storage cupboards cluttered and items stored on the floor.

These shortfalls were discussed with the registered manager who provided us with assurances that these deficits would be addressed immediately. An area for improvement under regulation was made in order to drive improvement relating to IPC practices.

During review of the environment we reviewed the domestic cleaning cupboard. Discussions with staff evidenced cleaning chemicals were not prepared as per manufacturer's guidance. In addition, chemicals stored in an identified spray bottle were unlabelled. The potential risk this posed to patients was highlighted to the registered manager. An area for improvement under regulation was made.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats. There was also evidence of consultation with relevant persons.

Observation of a white board in the kitchen evidenced a system was in place to inform kitchen staff of patients who require a modified diet. However, there was no evidence to indicate when these records were updated or if they were contemporaneous. In addition, the kitchen staff did not have a dedicated file reflecting the most recent speech and language recommendations. This was discussed with the cook and the registered manager who both agreed to revise the arrangements to ensure effective communication in relation to patients on modified diets. An area for improvement under the care standards was made.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the last care inspection confirmed that these were appropriately managed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training and adult safeguarding.

Areas for improvement

Two areas for improvement under regulation were identified in relation to infection prevention and control practices and ensuring cleaning chemicals are prepared and labelled as per manufacturer's guidance.

One area for improvement under the care standards was identified in relation to effective communication of nutritional needs, specifically modified diets.

	Regulations	Standards
Total number of areas for improvement	2	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of three patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of nutrition, patients’ weight, management of infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, dentist, optician, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

Supplementary care charts such as food and fluid intake records and reposition charts evidenced that contemporaneous records were maintained. Minor gaps were noted in the completion of bed rail checks. This was discussed with the registered manager who agreed to address this. This will be reviewed at a future care inspection.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

The registered manager advised that patient and/or relatives meetings were held on a threemonthly basis. Minutes were available. Patients and their representatives confirmed that they attended meetings/were aware of the dates of the meetings in advance.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and representatives were aware of who their named nurse was and knew the registered manager.

There was information available to staff, patients, representatives in relation to advocacy services.

Discussion with registered manager and review of records confirmed that staff meetings were held regularly and records maintained.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 10.20 hours and were greeted by staff who were helpful and attentive. Patients were enjoying a late breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme displayed in the home evidenced that arrangements were in place to meet patients' social, religious and spiritual needs. The registered manager and activities co-ordinator were commended for the arts and craft work which was made in partnership with the local council.

Discussion with the activities co-ordinator and review of records evidenced a system was in place to record the activities that take place, the name of the person leading each activity and the patients who participated. However, it was observed that these records were not accurately

maintained in the absence of the activity co-ordinator. In addition, the programme of activities was not displayed in a suitable format within the home. There was also no evidence of patient engagement to evaluate that the activities were enjoyable, appropriate and suitable for patients. This was discussed with the registered manager and activities co-ordinator who agreed to review current arrangements against Standard 11 of the Care Standards for Nursing Homes 2015 to ensure they are adhering to best practice guidance. An area for improvement under the care standards was made.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs and the provision of clocks. However, there was no signage to orientate patients to the date or weather. This was discussed with the registered manager who agreed to review provision of signage. This will be reviewed at a future care inspection.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"To the management and staff (past and present) thank you for the care you have given our relative over the years."

"To all the amazing staff at Woodmount, with grateful thanks for all your care and kindness to our father and also for looking after us so well."

There were systems in place to obtain the views of patients and their representatives on the running of the home.

Consultation with 10 patients individually, and with others in smaller groups, confirmed that living in Woodmount was viewed as a positive experience. Some comments received included the following:

"I am happy here, They take good care of me."

"The food isn't great. I am involved in decision about my care and the care is fairly good."

"They do their best. The staff are good and the food is good. There is a good variety."

"Very happy here."

"They are great in here."

"The staff are excellent and I feel involved in my care."

"The place is great. You have no housework or cooking to do."

"The staff are very helpful. I have a choice in how things are done. The company is great."

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Ten patient questionnaires were left in the home for completion. None were returned within the expected timescale.

Ten relative questionnaires were provided; none were returned within the expected timescale. In addition, six relatives were consulted during the inspection. Some of the comments received were as follows:

“They are very good to my friend.”

“They are very good and very attentive.”

“When my relative comes home from hospital back to the home she says she is home. They are so good to her.”

“I am very happy with the care here.”

“We have no complaints in relation to the care. They are excellent here.”

Staff were asked to complete an online survey; we had no responses within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

One area for improvement under the standards was identified in regard to activities.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager’s hours, and the capacity in which these were worked, were clearly recorded. However, it did not clearly identify the nurse in charge and the hours worked by staff. This was discussed with the registered manager who agreed to review the duty rota and reflect the changes. This will be reviewed at a future care inspection.

Discussion with staff, patients and their representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

Review of the home's complaints records evidenced that systems were in place to ensure 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. Minor deficits were identified in relation to identifying if complainants were satisfied with the outcome of the complaint and how this level of satisfaction was determined. This was discussed with the registered manager who agreed to review the management of complaints and include complaints as a standing item on the agenda for staff meetings. This will be reviewed at a future care inspection.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices, care records and complaints. In addition robust measures were also in place to provide the registered manager with an overview of the management of infections and wounds occurring in the home.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005/The Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Amanda Craig, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure the IPC issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>Robust measures must be in place to ensure compliance with best practice on infection prevention and control.</p> <p>This area for improvement is made in reference to the issues highlighted in section 6.4.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Issues highlighted in section 6:4 have all been rectified, new PPE units have also been purchased for both Laundry and Domestic store, and cleaning schedule updated to reflect specific areas mentioned in section 6:4 Laundry area now clutter free..</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible eliminated.</p> <p>This area for improvement is made with specific reference to the dilution of cleaning products as per manufacturer's guidance and labelling of substances hazardous to health.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Domestic staff have all attended COSHH training on the 30th August 2018 with specific reference to labelling and dilution of cleaning products as per manufacturer's guidance.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure patient's nutritional needs are communicated between nursing staff and the kitchen.</p> <p>This area for improvement is made with specific reference to patients requiring modified diets.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: New file displaying patients specific modified diets was put in kitchen following inspection, same to be updated as new patients are admitted or changes occur, board in kitchen also dated at the beginning of every week to reflect it has been reviewed.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2018</p>	<p>The registered person shall ensure the programme of activities reflects the preferences and choices of the patients and is evaluated regularly. This shall be displayed in a suitable format and a record kept of all activities that take place, with the names of the person leading them and the patients who participate.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Evaluation of activities was completed after inspection and will be reviewed at minimum 6 monthly intervals. New activity boards have also been purchased. All staff informed to complete activity folder in activity therapists absence.</p>

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

Twitter @RQIANews

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