

# Announced Follow Up Care Inspection Report 9 June 2016



## Drumclay (Millview Unit)

**Type of Service: Nursing Home**  
**Address: 15 Drumclay Road, Enniskillen, BT74 6NG**  
**Tel No: 02866327255**  
**Inspector: Bridget Dougan**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

A short notice announced inspection of Drumclay Care Home (Millview Unit) took place on 09 June 2016 from 11:00 to 17:00 hours. A period of two hours notice was given to the acting manager.

The focus of the inspection was to follow up on the progress made regarding the findings of an unannounced care inspection conducted on 19 April 2016. This inspection identified serious concerns with regard to:

- management and governance issues
- staffing/staff deployment
- availability of safe moving and handling equipment
- catering issues
- use of registered rooms as staff accommodation

The inspection also sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led. A serious concerns meeting was held on 25 April 2016 to discuss the issues raised during the previous inspection, an action plan was provided by Four Seasons Healthcare and a further inspection to assess the level of compliance with the requirements and recommendations was planned.

For the purposes of this report, the term 'patients' will be used to describe those living in Drumclay Care Home (Millview Unit), which provides both nursing and residential care.

### Is care safe?

A review of staffing levels and the deployment of staff had been conducted. Staffing levels had been increased in response to increases in the dependency levels of patients. An additional care assistant had been rostered between 0800 – 1200 each day. Three care staff and a full time chef had been recruited since the previous inspection.

A second lifting hoist was purchased following the last inspection. Discussions with the majority of care staff confirmed that the additional care staff and the second lifting hoist had a positive impact on the outcome of care for patients.

Observations of the delivery of care evidenced that patients were being assisted and responded to in a timely and dignified manner. No concerns were expressed by patients or relatives regarding staffing levels.

There were no requirements or recommendations made.

### Is care effective?

Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate adhered to recommendations prescribed by other healthcare professionals.

There was evidence that the care planning process included input from patients and/or their representatives, as appropriate. Patients' choice of rising and retiring timeframes had been included in care plans.

Three staff meetings were held, with further meetings scheduled for the remainder of the year. A patient/relative meeting was held on 19 May 2016. A further meeting was planned for July 2016.

Patients and their representatives expressed their confidence in raising concerns with the home's staff/management.

There were no requirements or recommendations made.

### **Is care compassionate?**

Staff interactions with patients were observed to be compassionate and caring.

Patients were observed to have good standards of personal hygiene and appeared content and relaxed in their environment.

Observation of the lunch time meal and afternoon tea confirmed that patients had been given a choice in regards to food and fluid choices. However, we were unable to evidence a choice of snacks for patients on special diets. A recommendation was made.

Eight patients required full assistance with their meals and two nurses and four care assistants were observed assisting patients. The meal service was generally well managed, however, we observed one member of staff seated between two patients and assisting both patients with their meals at the same time. This was discussed with the acting manager and a recommendation was made.

Twelve patients commented positively in regards to the care they received and life in the home. Two relatives were very complimentary and felt the care in the home was excellent.

Two recommendations have been made in respect of nutrition, meals and mealtimes.

### **Is the service well led?**

Since the last care inspection, enhanced structures and processes have been put in place to effectively respond to the concerns raised and monitor the quality of nursing and other services provided. Four Seasons Healthcare had carried out a number of unannounced visits to Drumclay. These were undertaken by managers of other Four Seasons Homes and included weekend visits. No concerns were raised.

A new permanent manager from another Four Seasons Healthcare home had been deployed to Drumclay on a temporary basis. Mrs Tracey Palmer commenced in her role as acting manager on 27 April 2016. Mrs Palmer will continue to monitor the quality of care and services provided on a daily basis.

The monthly monitoring report dated 23 May 2016 was reviewed and was evidenced to have been completed in accordance with the regulations and/or care standards. An action plan had been generated to address any areas for improvement. The format of the report had been amended and the report did not contain information of a confidential nature.

Complaints were managed in accordance with legislation. Notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Services were delivered in accordance with the Statement of Purpose as approved by RQIA at the time of registration. The Statement of Purpose was amended following the deregistration of five beds in one unit. No staff members were accommodated in registered rooms within the home.

Substantial improvements were observed in the leadership and management of the home.

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

**1.1 Inspection outcome**

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	3*

\*The total number of recommendations includes one recommendation that was not validated during this inspection and has been carried forward for review at a future inspection.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Tracey Palmer, acting 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 care inspection on 19 April 2016. As a consequence of the inspection findings a serious concerns meeting was held on 25 April 2016 to discuss the issues raised during the inspection and how the home planned to ensure that compliance was achieved. An action plan was provided to RQIA by the Mrs Carol Cousins, Managing Director, Four Seasons Healthcare, on behalf of the responsible person. The action plan addressed the issues raised. A further inspection to assess the level of compliance with the requirements and recommendations was planned.

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

<b>Registered organisation/registered provider:</b> Four Seasons Healthcare Dr Maureen Royston	<b>Registered manager:</b> Mrs Tracey Palmer (Acting)
<b>Person in charge of the home at the time of inspection:</b> Mrs Tracey Palmer	<b>Date manager registered:</b> N/A
<b>Categories of care:</b> NH-I, RC-I	<b>Number of registered places:</b> 30

## 3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted 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 plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. Twelve patients, two relatives, four care staff and two registered nurses were also consulted with.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- four patient care records
- staff training records
- accident and incident records
- notifiable events records
- falls audits
- one complaints record
- minutes of staff meetings
- minutes of patients/relatives meetings
- monthly monitoring reports in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005

## 4.0 The inspection

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

The most recent inspection of the home was an unannounced care inspection. The completed QIP was not due to be returned at the time of this inspection; however the actions required from the previous QIP were validated at this inspection.

### 4.2 Review of requirements and recommendations from the last care inspection dated 19 April 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 13 (1) (a) <b>Stated:</b> Second time	<p>The registered person must ensure the nursing home is conducted so as to promote and make proper provision for the nursing, health and welfare of patients.</p> <p>The registered person must ensure that the treatment provided to each patient:</p> <ul style="list-style-type: none"> <li>• meets their individual needs</li> <li>• reflects current best practice, and</li> <li>• is (where necessary) provided by means of appropriate aids or equipment.</li> </ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The acting manager advised that a second hoist was purchased following the last inspection and this has had a positive impact on meeting patient needs.</p>	

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 20 (1) (a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person must review staffing levels and the deployment of staff to ensure that, at all times, suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of patients.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Staffing levels and the deployment of staff had been reviewed and an additional care assistant had been rostered from 0800 – 1200 each day. Catering staff now served breakfasts in the dining room, allowing care staff to focus on care duties. Staff told us that this was working well and there was now enough staff on duty in the mornings to assist the patients up out of bed in a timely manner.</p>		
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 19 (2) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person must maintain in the nursing home the records specified in Schedule 4 of The Nursing Homes Regulations (Northern Ireland) 2005. These records shall at all times, be available for inspection in the home.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>All the required records were available for inspection. A second key for the manager's office had been obtained and was left in a location known to the administrator and registered nurses.</p>		
<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 20 (1) (c) (i)</p> <p><b>Stated:</b> First time</p>	<p>The registered person must ensure records are available to evidence that all staff have received mandatory training and other training appropriate to the work they are to perform.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Records were available to evidence that all staff have received mandatory training and other training appropriate to the work they are to perform.</p>		

<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation (3) (3)</p> <p><b>Stated:</b> First time</p>	<p>The registered person must ensure services are delivered in accordance with the Statement of Purpose as approved by RQIA at the time of registration. The Statement of Purpose is kept under review and changes only made with the approval of RQIA.</p> <p>Staff must not be accommodated in registered rooms within the home.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The acting manager confirmed that services were delivered in accordance with the Statement of Purpose. Five beds in a separate unit of the home had not been occupied for some time and had been deregistered at the request of the provider. The Statement of Purpose had been updated accordingly and submitted to RQIA following the inspection. No staff members were accommodated within the home.</p>	<p><b>Met</b></p>
<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulation 29</p> <p><b>Stated:</b> First time</p>	<p>The registered person must ensure that the monthly monitoring visits required in regard to Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 have been completed in accordance with the regulations and care standards. An action plan should be generated to address any areas for improvement.</p> <p>The registered person must be mindful that the report should be made public on request and should not contain information of a confidential nature.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The Regulation 29 report dated 23 May 2016 was reviewed and evidenced to have been completed in accordance with the regulations and/or care standards. An action plan had been generated to address any areas for improvement. The format of the Regulation 29 report had been amended and the report did not contain information of a confidential nature.</p>	<p><b>Met</b></p>

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 12.1 <b>Stated:</b> Second time	<p>The registered manager should ensure that patients and/or their representatives have input into the design of menus and the provision of appropriate food and meal choices for each patient and that there is opportunity to provide feedback on issues such as choice, quality and quantity and frequency of meals and refreshments. There should be evidence that feedback has been actioned.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>  A Quality Dining Experience audit had been completed on 22 April 2016 and the outcome was positive with only two comments provided for improvement. The outcome of the audit had been shared with patients, patients' representatives and with the cook. There was evidence that appropriate action had been taken to bring about improvements.</p>	
<b>Recommendation 2</b> <b>Ref:</b> Standard 4.1 <b>Stated:</b> First time	<p>The registered manager should ensure that a detailed care plan for each patient has been generated from a comprehensive, holistic assessment. This should reflect patient choice with regard to rising times. Assessments and care plans should be completed in partnership with the patient and their relatives.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>  Four patient care records were reviewed and evidenced that a detailed care plan was in place for each patient. Care plans reflected patients' choice of times for rising and retiring and had been completed in consultation with patients and their representatives.</p>	
<b>Recommendation 3</b> <b>Ref:</b> Standard 41 <b>Stated:</b> First time	<p>The registered manager should ensure that staff meetings take place on a regular basis and at a minimum quarterly. Records of these meetings should be maintained.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>  The minutes of three staff meetings held in May 2016 were reviewed. The acting manager confirmed that regular staff meetings have been planned for the remainder of the year.</p>	

<p><b>Recommendation 4</b></p> <p>Ref: Standard 7.1</p> <p>Stated: First time</p>	<p>The registered manager should ensure that patients and/or relatives meetings are held on a regular basis and records maintained.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The minutes of a patients/relatives meeting held on 19 May 2016 were reviewed. A further meeting was planned for July 2016.</p>	<p><b>Met</b></p>
<p><b>Recommendation 5</b></p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p>	<p>The registered manager should ensure that all staff have been trained and can demonstrate that they understand the rights of patients and how to promote and uphold these rights.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The recommendation was carried forward for review at a future inspection.</p>	<p><b>Not Inspected</b></p>
<p><b>Recommendation 6</b></p> <p>Ref: Standard 35.7</p> <p>Stated: First time</p>	<p>The registered manager should ensure that the results of audits should be analysed and appropriate actions taken to address any shortfalls identified and there should be evidence that the necessary improvements have been embedded into practice.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>We reviewed a sample of audits completed in April and May 2016 including bed rails, infection prevention and control, care records a dining experience. There was evidence that audits had been analysed and appropriate actions taken to address any shortfalls identified. The acting manager confirmed that the outcomes of audits are shared with staff during staff meetings and actions monitored to ensure the necessary improvements have been embedded into practice.</p>	<p><b>Met</b></p>
<p><b>Recommendation 7</b></p> <p>Ref: Standard 41.7</p> <p>Stated: First time</p> <p><b>To be Completed by:</b> 30 April 2016</p>	<p>The registered manager should ensure duty rotas identify the name of the nurse in charge of the home on each shift.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of a sample of three weeks duty rotas evidenced that the name of the nurse in charge of the home on each shift had been highlighted.</p>	<p><b>Met</b></p>

### 4.3 Is care safe?

A review of the staffing rotas for the weeks commencing 23 and 30 May and 06 June 2016 evidenced that the planned staffing levels were adhered to. The acting manager advised that staffing levels had been increased in response to increases in the dependency levels of patients. An additional care assistant had been rostered between 0800 – 1200 each day as discussed in section 4.2. Three care staff had been recruited since the previous inspection. A permanent full time chef had also been appointed pending the outcome of pre-employment checks.

Discussions with the majority of care staff confirmed that the additional care staff on the morning shift has had a positive impact on the outcome of care for patients.

Observations of the delivery of care evidenced that patients were being assisted and responded to in a timely and dignified manner. No concerns were expressed by patients or relatives regarding staffing levels.

We were informed that the majority of mandatory training was delivered via e learning with some face-to-face training for example, safe moving and handling, infection prevention and control, fire safety and quality of life training. Further discussion with the acting manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. Safe moving and handling training took place in the home on the day of the inspection. This training, which was for registered nurses and care assistants, was provided by Four Seasons Healthcare and attended by six staff.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

A review of the accident and incident records confirmed that the falls risk assessments and care plans were completed following each incident. Trust care management, patients' representatives and RQIA were notified appropriately.

We observed the environment, including a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be warm, fresh smelling and clean. Fire exits and corridors were observed to be clear of clutter and obstruction and equipment was appropriately stored.

#### Areas for improvement

No areas for improvement were identified.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.4 Is care effective?

A sample of four patients' care records was reviewed. There was evidence that detailed care plans had been generated from a comprehensive assessment for each patient.

There was evidence that care records were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

There was evidence that the care planning process included input from patients and/or their representatives, as appropriate. Patients' choice of rising and retiring timeframes had been included in care plans. There was evidence also of regular communication with patients' representatives regarding the patients' ongoing condition.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Discussion with staff and the acting manager confirmed that three recent staff meetings were held and records were maintained.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities.

Patients and their representatives expressed their confidence in raising concerns with the home's staff/management. There was evidence that patient/relatives meeting were held.

#### Areas for improvement

No areas for improvement were identified.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.5 Is care compassionate?

Staff interactions with patients were observed to be timely, caring and respectful. Patients were observed to have good standards of personal hygiene and appeared content and relaxed in their environment.

Observation of the lunch time meal confirmed that patients had been given a choice in regards to food and fluid choices. Eight patients required full assistance with their meals and two nurses and four care assistants were observed assisting patients. The meal service was generally well managed, however, we observed one member of staff seated between two patients and assisting both patients with their meals at the same time. This was discussed with the acting manager and a recommendation was made.

The afternoon tea service was also observed. Hot and cold drinks and a selection of biscuits was served. Fresh fruit salad was available as a healthy option. There was no evidence of the availability of snacks for patients on modified diets. This was discussed with staff and we were informed that patients on pureed diets were offered biscuits soaked in tea/coffee. A recommendation has been made with regard to the availability of appropriate snacks for patients on special diets.

Twelve patients commented positively in regards to the care they received and life in the home. Two relatives were very complimentary and felt the care in the home was excellent.

### Areas for improvement

There should be adequate numbers of staff present when meals are served to ensure the required assistance is provided.

The menu should offer a choice of snacks for patients on any special dietary requirements.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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### 4.6 Is the service well led?

Since the last care inspection, enhanced structures and processes have been put in place to effectively respond to the concerns raised and monitor the quality of nursing and other services provided. The management team have carried out a number of unannounced visits to Drumclay. These were undertaken by managers of other Four Seasons Healthcare homes and included weekend visits. No concerns were raised.

Four Seasons Healthcare had deployed a new permanent manager from another Four Seasons Healthcare home on a temporary basis to Drumclay. Mrs Tracey Palmer commenced in her role as acting manager of Drumclay on 27 April 2016. Mrs Palmer will continue to monitor the quality of care and services provided on a daily basis.

Review of the home's complaints record and discussion with the acting manager 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.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The monthly monitoring visits required in regard to Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 were completed in accordance with the regulations. Refer to section 4.2.

### Areas for improvement

Two recommendations have been made in respect of nutrition, meals and mealtimes.

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

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Tracey Palmer, acting 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 may enhance service, quality and delivery.

## 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) 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.

<b>Quality Improvement Plan</b>	
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 5.2</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 31 July 2016</p>	<p>The registered manager should ensure that staff have been trained and can demonstrate that they understand the human and individual rights of patients and how to promote and uphold these rights.</p> <p><b>Reference: Section 4.2</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Human rights training held 01.07.16 and also 04.07.16</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 12.11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 June 2016</p>	<p>The registered provider should ensure there are adequate numbers of staff present when meals are served to ensure the required assistance is provided.</p> <p><b>Reference: Section 4.5</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Staffing numbers are adequate and a review of supervision has been conducted to ensure that all staff are present when meals are being served. A dining audit was conducted and findings from same cascaded to staff through supervision. Registered manager will continue to monitor this.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 12.13</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 June 2016</p>	<p>The registered provider should ensure the menu offers a choice of snacks for patients on any special dietary requirements.</p> <p><b>Reference: Section 4.5</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> The menu has been reviewed which now offers a choice of snacks for patients requiring any special dietary requirements.</p>



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