

# Unannounced Care Inspection Report

## 27 June 2016



## Apple Mews

**Type of Service: Nursing Home**  
**Address: 95 Cathedral Road, Armagh, BT61 8AB**  
**Tel No: 028 3751 7840**  
**Inspectors: Sharon Loane and Karen Scarlett**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Apple Mews commenced on 27 June 2016 at 21.45 and finished at 02.15 hours on 28 June.

This inspection was carried out to follow up on information received by RQIA between 16 and 24 June 2016.

On 16 June 2016 RQIA were contacted by the Western Health and Social Care Trust (WHSCCT) adult safeguarding team, informing us of a potential safeguarding incident, which had not been notified to RQIA by the home in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

On 21 June 2016 RQIA were contacted by a concerned individual who raised concerns regarding the staffing arrangements on night duty whereby one registered nurse was covering two or more bungalows, when the planned staffing levels should have been one registered nurse in each bungalow. Concerns were also raised in relation to the quality and quantity of food and that the ethos of care was being diluted and having an adverse impact on patients health and welfare.

On 24 June 2016 RQIA were contacted by the registered manager regarding the registration status of a registered nurse whose registration with The Nursing and Midwifery Council (NMC) had lapsed in January 2016. This member of staff had been permitted to continue to work as a registered nurse until the 27 April 2016. This further communication also informed our inspection process.

A decision to undertake this unannounced out of hours inspection was taken following this information.

At this inspection, significant concerns and a number of areas for improvement were identified, and are required to be addressed, to ensure that care in the home is safe, effective and compassionate and that the service is well led.

Following the inspection, Senior management in RQIA agreed that the registered persons would be required to attend a meeting in the Authority, with the intention of issuing two failure to comply notices in regards to staffing and governance arrangements. This meeting was held on 5 July 2016. During the meeting the registered person acknowledged the failings of Apple Mews and discussed actions that had and would be taken to address the identified concerns. It was acknowledged that whilst work was ongoing to address these concerns, RQIA were not fully assured that these had been sufficiently embedded into practice. Given the potentially serious impact on patient care it was decided that two failure to comply notices under Regulation 20 (1) (a) and (c) (i), in relation to staffing arrangements and Regulation 10 (1) in relation to governance arrangements would be issued.

**Full compliance with the Failure to Comply Notices issued must be achieved by 4 September 2016.**

\*All enforcement notices for registered agencies/ services are published on RQIA's website at: [http://www.rqia.org.uk/inspections/enforcement\\_activity.cfm](http://www.rqia.org.uk/inspections/enforcement_activity.cfm)

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.

Following the unannounced care inspection, information and findings were shared with the adult safeguarding team of the Southern Health and Social Care Trust (SHSCT) in keeping with regional protocols.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	4*	5*

In addition to the two failure to comply notices issued 4 requirements and 5 recommendations were also made, these include one requirement and three recommendations carried forward from the last inspection.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Dawn Rhodie, registered manager, as part of the inspection process and with Rosemary Dilworth, operational manager, on 28 June 2016.

The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

## 1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of Apple Mews was a follow up care inspection undertaken on 22 March 2016. This inspection was undertaken as an outcome of the care inspection of 13 January 2016 and subsequent serious concerns meeting held in RQIA on 14 January 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this 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.

There were no further actions required to be taken following the last inspection.

## 2.0 Service details

<b>Registered organisation/registered provider:</b> Parkcare Homes No2 Ltd/ Mrs Sarah Hughes	<b>Registered manager:</b> Miss Dawn Elizabeth Rhodie
<b>Person in charge of the home at the time of inspection:</b> Dawn Rhodie	<b>Date manager registered:</b> 26 February 2016
<b>Categories of care:</b> NH-LD, NH-LD(E)	<b>Number of registered places:</b> 30

## 3.0 Methods/processes

Information was received by RQIA on 21 June 2016 which raised concerns in relation to the homes' staffing arrangements on night duty. Additional information received by RQIA as discussed in section 1.0 raised further concerns regarding the governance arrangements within the home.

It is not the remit of RQIA to investigate complaints or safeguarding allegations made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential breach of regulations or associated standards, it will review the matter and take whatever appropriate actions is required; this may include an inspection of the home. Following discussion with senior management at RQIA, it was agreed that an inspection would be undertaken to review the following areas:

- the staffing levels and arrangements
- the management of notifiable events in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005
- overview of governance arrangements to include arrangements for monitoring the registration status of registered nurses with the Nursing and Midwifery Council (NMC)
- the quantity and quality of food.

Prior to the inspection we analysed the following information:

- the registration status of the home
- written and verbal communication received by RQIA since the last care inspection
- the previous care inspection report
- the returned QIP from the previous care inspection
- notifications received since March 2016.

The following methods and processes used in this inspection include the following:

- a discussion with the registered manager
- discussion with staff
- observation during an inspection of the five bungalows
- a review sample of staff duty rotas
- records of NMC checks for registered nurses
- a review of care records
- a sample of Menus
- monthly monitoring reports for April & May 2016
- a report of the Employee Engagement Survey, April 2016.

The inspectors observed the majority of patients in each of the five bungalows, some of who were resting in bed and /or seated in the day lounges. All registered nurses on duty were spoken with and a sample of care staff from each bungalow.

**4.0 The inspection**

**4.1 Review of requirements and recommendations from the most recent inspection dated 22 March 2016**

The most recent inspection of the home was an unannounced follow-up care inspection. The completed QIP was returned and approved by the care inspector. This QIP was not validated at this inspection and has been carried forward until the next care inspection.

**4.2 Review of requirements and recommendations from the last care inspection dated 22 March 2016**

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 14 (4)	The registered person shall ensure that patients who have made an active choice to rise early (prior to 07.00) are assisted to do so. These decisions must be in the patient’s best interest. Care plans should be detailed to include the rationale for this practice and be reviewed at regular intervals.	<b>Carried forward until next inspection</b>
	<b>Action taken as confirmed during the inspection:</b> This was not examined during this inspection and has been carried forward until the next inspection.	

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 23	It is recommended that repositioning charts should contain documented evidence that a skin inspection of pressure areas has been undertaken at the time of each repositioning and the actual positional change is recorded. Records should reflect the care delivered/not delivered.	<b>Carried forward until next inspection</b>
	<b>Action taken as confirmed during the inspection:</b> This was not examined during this inspection and has been carried forward until the next inspection.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 4 Criteria 7	It is recommended that registered nurses ensure that care plans are evaluated using meaningful statements and information and any changes in regards to the treatment and care are recorded accordingly.	<b>Carried forward until next inspection</b>
	<b>Action taken as confirmed during the inspection:</b> This was not examined during this inspection and has been carried forward until the next inspection.	
<b>Recommendation 3</b> <b>Ref:</b> Standard 4 Criteria 9	It is recommended that a record is developed and maintained for any patient who requires additional levels of supervision and monitoring to ensure that the patients assessed need is met in accordance with their plan of care.	<b>Carried forward until next inspection</b>
	<b>Action taken as confirmed during the inspection:</b> This was not examined during this inspection and has been carried forward until the next inspection.	

### 4.3 Inspection Findings

#### 4.3.1 Staffing arrangements

Information received by RIQA indicated that registered nurses were covering two or more bungalows at night when the planned staffing levels should be one registered nurse rostered for each bungalow. Concerns were shared about the impact that this was having on the staffs' ability to meet patients' needs in a safe manner. During this inspection RQIA also identified concerns in relation to the staffing arrangements which impacted on the delivery of safe and effective care.

On the night of inspection, the registered manager was working in bungalow one and advised the inspectors this was attributed to staff sickness. A discussion with the registered manager and a review of selected staff duty rotas evidenced that staffing levels and skill mix for each of the five bungalows was not being adhered to both on day and night duty shifts.

The registered manager advised that staffing levels had been determined by the commissioning Trust, on the basis that one registered nurse and one carer would be rostered for each bungalow for night duty except for when a patient required additional levels of supervision for example one to one observations. The registered manager was unable to provide any additional information that staffing levels were reviewed in line with patients' dependencies and advised that there was no system in place to review same. A discussion with the registered manager and a review of the duty rota evidenced that staffing levels were not in accordance with the terms and conditions commissioned by the Trust and /or as outlined in the patients care plans. At this inspection, it was evidenced that one registered nurse was covering bungalows three and five and no additional care staff had been rostered. It was also concerning that the registered manager had not considered any additional contingency measures for example; the dependencies of the patients in each bungalow, skill mix and competency of staff working to ensure the needs of the patients were met.

Safe and effective care was not being delivered as a result of insufficient staffing levels and the skill mix of staff on duty. Discussion with staff confirmed that some staff were not adequately trained to meet some aspects of care delivery, for example the administration of buccal midazolam medication which is administered as part of treatment for seizure activity. Furthermore, staff on duty in bungalow five advised the inspectors that one of them was being re-deployed to bungalow one after 23.00 hours which would have left one care staff in sole charge. This was concerning as one of the patients required close observation as outlined in their care plan. It was very evident that the staff were anxious about the staffing situation and it was noted to have had a direct impact on the patients' health and welfare as staff were observed working under pressure to complete care duties before this redeployment came into effect. For example, staff were trying to assist patients to bed whilst at the same time carry out close observation of one identified patient who was observed as "very unsettled". As a result of insufficient staffing levels, the patient's dignity was comprised, as staff could not give the patient the care and attention required.

A review of a sample of duty rotas identified a number of additional concerns in relation to staffing arrangements. The duty rota was difficult to understand due to poor recording and was not always recorded accurately to reflect where staff worked and when; records were not maintained in accordance with professional guidelines and DHSSPS Care Standards for Nursing Homes, April 2015. It was evident from the duty rotas and discussion with staff that some registered nurses were working in excess of 60 hours per week, with a combination of day and night duties, and one registered nurse was rostered to work seven nights without a break and furthermore was covering more than one bungalow. This was concerning as it could potentially impact the registered nurses' ability to deliver safe and effective care. The duty rota did not identify the nurse in overall charge and where a registered nurse was covering a second bungalow, the duty rota for that bungalow did not record this information. The abbreviation, 'S.O' was noted on the duty rotas. This was discussed with the registered manager who was unable to provide an explanation for the use of the abbreviation. The duty rotas reviewed evidenced that on some occasions registered nurses had worked a 12 hour day shift and continued working overnight indicating that 'S.O' could mean that working overnight was an actual "sleep over".

The registered manager's hours of work were not always recorded on the duty rota and it was concerning that she was rostered to work two shifts on night duty the following week when she had advised the inspectors that she was on annual leave. Furthermore, as previously discussed the registered manager advised that she was working on the night of the inspection due to staff sickness. However a review of the duty rota confirmed that the information was inaccurate and it was actually due to planned annual leave which had not been managed in advance. A review of the duty rota evidenced that the registered manager had been on duty from 14.00 hours on the day of the inspection, meaning that she would have worked an 18 hour shift. Duty rotas evidenced that this was not a "one off situation" but that this was a frequent occurrence.

The registered manager stated that a number of registered nurses had recently resigned to take up employment with the Trust and/or other care homes and this left a shortfall in the number of hours for registered nurses. A discussion with the registered manager regarding senior management's understanding of the staffing problems indicated that they had been informed of the staffing problems and that permission had been approved to use agency nurses. A review of duty rotas evidenced that agency nurses were not employed on a frequent or regular basis and the registered manager could not provide evidence of any contingency arrangements in place.

These findings were concerning and discussions with the registered manager regarding the issues identified indicated a lack of oversight of the management of staffing and duty rotas which are discussed further in section 4.3.2. It was evident from a review of records, information and observation of care delivery during this inspection that the staffing levels and arrangements had a direct impact on staff's ability to deliver safe and effective care to the patients living in Apple Mews.

Given the seriousness of the concerns raised at this inspection, actions to address issues pertaining to staffing arrangements for the home and the impact of these arrangements on the delivery of patient care have been included within a failure to comply notice under regulation 20 (1) (a) and (c) (i) of the Nursing Homes Regulations (Northern Ireland) 2005.

### **4.3.3 Governance arrangements**

During this inspection, RQIA were unable to validate that effective quality monitoring and governance systems had been implemented to assure the safe delivery of quality care within Apple Mews.

The registered manager had a lack of oversight of the management of staffing arrangements and duty rotas; a task which had been delegated to deputy managers. As a result, a number of staffing issues were evident as discussed in section 4.3.2. There was no evidence of a system to ensure that the staffing levels and staff deployment had been planned in relation to either patient's needs and dependencies or the skills, knowledge and competence of staff on duty. As previously discussed, at this inspection one registered nurse was covering bungalows three and five and observations made evidenced that the physical and psychological needs of these patients were greater. In addition one patient required closer supervision than those patients accommodated in bungalows one and two, which appeared more settled and in which a registered nurse was working in each bungalow. It was concerning that the registered manager had not taken these factors into consideration.



The registered manager was unable to confirm if staff on duty had been appropriately trained in both the administration of buccal midazolam and food safety to ensure the delivery of safe and effective care to patients. Records were also not available to confirm this information, at the time of inspection.

RQIA had not been notified in a timely manner regarding an incident which had occurred in the home in relation to adult safeguarding, despite this being requested on a number of occasions. In addition, the registered manager had failed to report an incident in relation to a registered nurse whose professional registration had lapsed and who continued to work as a registered nurse in the home for a period of at least four months. A review of monthly monitoring checks confirmed this information was available and although this had been identified by the registered manager, she failed to take appropriate action to prevent the nurse from working in the home to appropriately safeguard patients.

Although the registered manager advised that that senior management were aware of these shortfalls, it was concerning that these had not been identified during monthly monitoring visits undertaken in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

In addition, items were being inappropriately stored in one bathroom in bungalow five, including soft furnishings, duvets, used medication blister packs, crates, equipment and soil compost. This had not been identified or managed appropriately through the home's own monitoring arrangements.

RQIA have concerns regarding the overall leadership and governance /management arrangements in the home. There was a lack of a robust and consistent approach by management to monitor the quality of services provided which was evidenced to have had a direct impact on patients' health and welfare. Given the seriousness of the regulatory breaches and the concerns raised at this inspection, actions to address these regulatory breaches and governance issues have been included within a failure to comply notice under Regulation 10 (1) of the Nursing Homes Regulations (Northern Ireland) 2005.

#### **4.3.4 Environment**

A review of the kitchen areas within some of the bungalows inspected were found to be unclean and the storage of food in fridges, freezers and cupboards required to be reviewed in keeping with food safety best practice. The standard of cleanliness in the kitchens was below the standard expected. There was evidence of dirt and food debris around the kitchen surfaces, and in particular around the sink areas, cooker/oven, dishwasher and cupboards containing food items. Some equipment observed was worn and damaged, for example; chopping boards, crockery, cooking utensils and wooden trays.

Food items observed in the fridges, freezers and cupboards were not stored in line with food safety guidelines. There were no labels on items of food identifying the date of opening and/ or use by dates. There was limited evidence to suggest appropriate stock rotation.

The above issues were discussed with the registered manager who advised that the staff working in the bungalows were responsible for cleaning the kitchen areas and this was supplemented by cleaning staff. The registered manager was unable to provide any documentation in relation to the areas identified. The standard of cleanliness observed in these areas and the practices pertaining to Food Safety had the potential to impact on patients' wellbeing. Two requirements have been made in regards to the concerns identified. These concerns were also referred to the local council's Environmental Health Department following the inspection.

As previously discussed in section 4.3.3 items were being inappropriately stored in one bathroom in bungalow five. This practice put the bathroom beyond use and would not be in accordance with best practice in infection prevention and control; nor had this been appropriately identified or addressed by the registered manager. This matter has been included within a failure to comply notice under Regulation 10 (1) of the Nursing Homes Regulations (Northern Ireland) 2005.

Given the issues identified, a recommendation has also been stated in regards to the provision of training in infection control for staff that is commensurate with their work activities and responsibilities.

In bungalow five a laundry door was observed to be wedged open and there were multiple tins of paint also being stored in this area. Although, it was not determined as to whether the paint was flammable or inflammable these practices are not in keeping with guidance relating to fire safety and has the potential to pose a risk to patients living in the bungalow. A requirement has been in this regard.

#### **4.3.5 Menu Review**

Information received by RQIA, indicated concerns regarding the quantity and quality of food provided to patients and that food budgets had been reduced. As the inspection was undertaken out of hours the inspectors were unable to observe any meal delivery. From a review of the menu it was evident that choice was not always available and it was difficult to determine food choices available for patients who required modified diets. It was evidenced that patients had only soup for their evening meal for four consecutive days. A discussion with the registered manager indicated that food was provided in accordance with patients' preferences and therapeutic needs. The registered manager advised that there had been some recent staffing changes within the kitchen team and provided assurances that there had been no food budget cuts. Discussion with staff indicated that the menu was very repetitive although there was always plenty of food available. Mince steak stew for the following day's lunch was being prepared by care staff on duty overnight. According to staff, the quality of the meat was "poor" and there was no evidence of an alternative choice. Staff spoken with advised that they prepared the meal for the following day and confirmed that they had not completed any training in food safety. There were issues identified in regards to the storage of food as outlined in section 4.3.4 and a requirement has been made. The issue pertaining to staff not being adequately trained in food safety has been included in a failure to comply notice under Regulation 20 (1) (a) and (c) (i) of the Nursing Homes Regulations (Northern Ireland) 2005.

In addition, the registered manager should review the menu to ensure that patients are provided with a nutritious and varied diet, which meets their individual dietary needs and preferences. A record should be retained of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory. A recommendation has been made.

## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed 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 DHSSPS 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 the completed QIP to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) for review 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>Statutory requirements</b>	
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 14 (4)</p> <p><b>Stated:</b> Second time</p> <p><b>Carried forward from last inspection</b></p>	<p>The registered person shall ensure that patients who have made an active choice to rise early (prior to 07.00) are assisted to do so. These decisions must be in the patient's best interest. Care plans should be detailed to include the rationale for this practice and be reviewed at regular intervals.</p> <p><b>Ref: Section 4.2</b></p> <p><b>Response by registered provider detailing the actions taken:</b> All relevant care plans have been reviewed and updated to reflect choice of early rising and details of the recommendation. A quality template has been devised to enable monitoring of specific need.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 18 (2) (g)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 August 2016</p>	<p>The registered provider must ensure that the issues listed in 4.3.4 of the report in relation to the management of the kitchen areas in each bungalow are addressed as a priority. Confirmation is required to be forwarded to RQIA that the issues have been addressed in the returned QIP.</p> <p><b>Ref: Section 4.3.4</b></p> <p><b>Response by registered provider detailing the actions taken:</b> Management of the kitchen areas has been highly focused with evidence of deep cleaning assuring acceptable hygienic standards. Kitchen and environmental audits have been completed and are continued to ensure sustained standards expected. Environmental Health Inspection of 19/07/16 acknowledges improvements made. auditing of records is maintained..</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 20 (1)(c)(iii)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 August 2016</p>	<p>The registered person must ensure that training is provided to all relevant staff in respect of cleaning practices and its documentation. This area should be closely monitored to ensure that the training is embedded into practice and that the kitchen is maintained clean. Records should be retained of the monitoring process.</p> <p><b>Ref: Section 4.3.4</b></p> <p><b>Response by registered provider detailing the actions taken:</b> Food Safety for Food Handlers has been completed by staff and evidence of scope of training is available to evidence inclusion of cleaning practices. Additional training regarding COSHH has also been delivered to staff. Staff Catering practical application is applied and demonstrated through HACCP monitoring. Records are maintained for auditing purpose.</p>

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 27 (4)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 June 2016</p>	<p>The registered person must ensure that all fire doors are kept closed and not wedged “open”. The tins of paint stored in the laundry in bungalow five must be removed without delay. These matters should be closely monitored to ensure potential risks are eliminated.</p> <p><b>Ref: Section 4.3.4</b></p>
	<p><b>Response by registered provider detailing the actions taken:</b> Staff are aware that no fire doors should be wedged open. Management walkabouts have observed adherence to Regulation and Fire Safety. No inappropriate storage is observed in laundry areas.</p>
<p><b>Recommendations</b></p>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> Second Time</p> <p><b>Carried forward from last inspection</b></p>	<p>It is recommended that repositioning charts should contain documented evidence that a skin inspection of pressure areas has been undertaken at the time of each repositioning and the actual positional change is recorded. Records should reflect the care delivered/not delivered.</p> <p><b>Ref: Section 4.2</b></p>
	<p><b>Response by registered provider detailing the actions taken:</b> Repositioning charts have been reviewed regarding information required. Auditing practices focus on quality recording of details required.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 4 Criteria 7</p> <p><b>Stated:</b> First Time</p> <p><b>Carried forward from last inspection</b></p>	<p>It is recommended that registered nurses ensure that care plans are evaluated using meaningful statements and information and any changes in regards to the treatment and care are recorded accordingly.</p> <p><b>Ref: Section 4.2</b></p>
	<p><b>Response by registered provider detailing the actions taken:</b> Further training regarding care plan evaluation and record keeping has been provided to Registered Nurses. Training provided:-29/07/16, Record Keeping and Care Planning and 03/08/16 Legal Aspects of Professional Practice including accountability, negligence, record keeping and documentation.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 4 Criteria 9</p>	<p>It is recommended that a record is developed and maintained for any patient who requires additional levels of supervision and monitoring to ensure that the patients assessed need is met in accordance with their plan of care.</p>

<b>Stated:</b> First Time  <b>Carried forward from last inspection</b>	<b>Ref: Section 4.2</b>
	<b>Response by registered provider detailing the actions taken:</b> A reference record is in place to identify patients requiring additional levels of supervision. Monitoring is in place to ensure assessed need is met in accordance to plan of care.

<b>Recommendation 4</b>  <b>Ref:</b> Standard 46 Criteria 4  <b>Stated:</b> First time  <b>To be completed by:</b> 8 August 2016	It is recommended that staff is provided with training in infection control that is commensurate with their work activities and responsibilities.  <b>Ref: Section 4.3.4</b>
	<b>Response by registered provider detailing the actions taken:</b> Further training in regard to Infection Control is planned for 05 August 2016.
<b>Recommendation 5</b>  <b>Ref:</b> Standard 12 Criteria 1  <b>Stated:</b> First time  <b>To be completed by:</b> 8 August 2016	The menu should be reviewed to ensure that patients are provided with a nutritious and varied diet, which meets their individual dietary needs and preferences. A record should be retained of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory.  <b>Ref: Section 4.3.5</b>
	<b>Response by registered provider detailing the actions taken:</b> Four week menus are available which reflect a nutritious and varied diet. An informative file has been developed to inform staff and cook of individualised need. The file contains four week menu, individualised daily choice from menu. Individual speech and language assessment, individual eating and drinking guidelines and individual dietary requirements. Nutritional Intake Charts are completed for every patient. Auditing processes consider quality of detail recorded to enable judgement of meals provided and diet taken.

*\*Please ensure this document is completed in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) from the authorised email address\**



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