



Unannounced Care Inspection Report 1 May 2018



Springlawn Nursing Home

Type of Service: Nursing Home (NH)
Address: 44 Old Dromore Road, Omagh, BT78 1RB
Tel No: 028 82244550
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 and residential care for up to 40 persons.

3.0 Service details

Organisation/Registered Provider: Springlawn Homes Limited Responsible Individual: Linda Florence Beckett	Registered Manager: Sharon Margaret Colhoun
Person in charge at the time of inspection: Sharon Margaret Colhoun	Date manager registered: 1 April 2005
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of registered places: 40

4.0 Inspection summary

An unannounced inspection took place on 1 May 2018 from 09.25 to 17.25 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 DHSSPS Care Standards for Nursing Homes 2015.

The term 'patient' is used to describe those living in Springlawn Nursing Home which provides both nursing and residential care.

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, adult safeguarding, risk assessment, communication between residents, staff and other key stakeholders. Other evidence of good practice included the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in relation to falls management, infection prevention and control, fire safety, supplementary care records, staff meetings, activities and menus.

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 home with 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	3	4

Details of the Quality Improvement Plan (QIP) were discussed with Sharon Colhoun, registered 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.

4.2 Action/enforcement taken following the most recent inspection dated 24 April 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 24 April 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
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit.

During the inspection we met with seven patients, nine staff and one visiting professional. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff for weeks beginning 23 and 30 April 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
- two staff recruitment and induction files
- five patient care records
- a selection of patient care charts including food and fluid intake charts, reposition charts, oral hygiene and bowel 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 24 April 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 24 April 2018. One area for improvement under the care standards was identified.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 18 May 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
Area for improvement 1 Ref: Standard 38 Stated: First time	The registered provider should review the procedures in relation to selection and recruitment processes to ensure that staff are recruited and employed in accordance with relevant statutory and employment legislation and mandatory requirements.	Met
	Action taken as confirmed during the inspection:	

	Review of records and two personnel files evidenced that staff are recruited and employed in accordance with relevant statutory and employment legislation and mandatory requirements. This area for improvement has been met.	
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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 for weeks beginning 23 and 30 April 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. Staff said that on occasions staffing levels were affected by short notice leave. However, they also confirmed that this only happened occasionally and that shifts were "covered."

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Springlawn Nursing Home. One patient reported that on occasion it can take staff a long time to respond to the nurse call bell. This was discussed with the registered manager who agreed to monitor response times. This will be reviewed during the next care inspection. We also sought the opinion of patients on staffing via questionnaires. Two patient questionnaires were returned. Both patients indicated that they were very satisfied or satisfied with the care they received. When asked if they felt their care was safe one patient commented as follows:

"Not at all times as anyone can enter this nursing home and wander about – even into a resident's room without being seen."

This was discussed with the patient and registered manager post inspection and will be reviewed during the next care inspection.

Review of two staff recruitment files evidenced that these 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.

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. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients. However, deficits were noted in some staffs knowledge base in relation to infection prevention and control. For example, they were not aware of the importance of wearing appropriate PPE when performing their cleaning duties or delivering care. This was discussed with the registered manager who should review current arrangements for infection prevention and control training to ensure knowledge gained is embedded into practice. This will be referred to again in this section.

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 five 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 since the last care inspection 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.

Discussion with the registered manager and staff and review of records evidenced a deficit in the management of falls. Review of one care record evidenced that on an occasion where the patient had an unwitnessed fall neurological observations were not recorded at any time post fall. In addition, a post fall risk assessment was not completed within 24 hours. Review of a second care record also confirmed no neurological observations were taken post fall. Review of the falls policy used by the home confirmed it had not been updated since January 2009. This was discussed with the registered manager and an area for improvement under the regulations was made.

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 clean throughout. Patients and staff spoken with were complimentary in respect of the home's environment.

Significant deficits with regards to the delivery of care in compliance with infection, prevention and control best practice standards were noted as follows:

- deficit in the knowledge base of some staff in relation to infection prevention and control practices – particularly the use of appropriate personal protective equipment
- domestic and care staff not wearing appropriate PPE
- staff observed not washing their hands after delivering personal care
- no provision of a full range of PPE throughout the home
- no availability of a domestic cleaning trolley
- no availability of a hypochlorite solution for enhanced cleaning
- no evidence of a colour coded system being utilised
- no adequate provision of colour coded mop buckets and cloths
- faecal staining observed on an identified raised toilet seat
- clutter and inappropriate storage in a number of identified storage cupboards
- mops being dried on a radiator in the domestic store room causing the radiator to rust rendering it impossible to clean and effectively decontaminate
- no liquid soap or hand towels available in the clinical room
- a malodour noted in an identified patients bedroom.

Details were discussed with the registered manager and a number of immediate actions were taken prior to the conclusion of the inspection which provided a level of assurance. An area for improvement under the regulations was made.

Most fire exits and corridors were observed to be clear of clutter although a hoist was observed causing an obstruction of a fire exit on the ground floor of the building. This was brought to the attention of registered manager who arranged for its removal. An area for improvement under the regulations 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. Care plans were in place for the management of bedrails and alarm mats.

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, adult safeguarding and risk assessment.

Areas for improvement

The following areas were identified for improvement in relation to falls management, infection prevention and control and fire safety.

	Regulations	Standards
Total number of areas for improvement	3	0

6.5 Is care effective?

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

Review of five 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, General Practitioners (GPs), 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), the speech and language therapist (SALT) or the dietician changed.

Review of the supplementary care charts such as food and fluid intake charts, reposition charts, oral hygiene and bowel charts evidenced that most records were well maintained. However, deficits were noted in the recording of some of these records. For example, incorrect dates and times were recorded on some of the charts with some records not being updated regularly. This was discussed with the registered manager and an area for improvement under the care standards was made.

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 meetings were held on a monthly basis. Minutes were available. Patients spoken with expressed their confidence in raising concerns with the home's staff/management. Patients knew the registered manager. The registered manager confirmed the home operate an open door policy for relatives.

Discussion with the registered manager confirmed that staff meetings were to be held on a three monthly basis and records maintained. However, review of records confirmed that three staff meetings had been held within the last year in February, June and October 2017. This was identified as an area for improvement under the care standards.

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

The following areas were identified for improvement in relation to supplementary care records and staff meetings.

	Regulations	Standards
Total number of areas for improvement	0	2

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 09.25 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 evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Planned activities included music, bingo, one to one, games and craft work. Although the activity planner was varied it was not displayed in a suitable format or in a suitable location. This was discussed with the activities co-ordinator and registered manager and identified as an area for improvement under the care standards.

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 number of the rooms in the home lacked signage to orientate patients throughout the home. This was discussed with the registered manager who agreed to review this. The provision of signage within the home will be reviewed during 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.

Discussion with kitchen staff evidenced good awareness of the holistic and nutritional needs of patients. There was an alteration to the menu by kitchen staff although there was also no evidence that these changes were recorded. This was discussed with the cook and the registered manager who agreed to introduce a system of recording immediately. This will be reviewed during a future care inspection. Review of records and discussion with the registered manager and cook evidenced engagement with patients in relation to provision of the meals within the home. The menu available in the home reflected the changes to the planned menu although it was hand written on a small board and was not displayed in a suitable format to meet the needs of all the patients. This was discussed with the acting manager and identified as an area for improvement under the care standards.

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

"Thank you for caring for my father. Very much appreciated."

"Thank you for all your hard work, the laughs and the friendship."

"Thank you to the staff of Springlawn Nursing Home for taking care of my mother during the time she spent with you."

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

Consultation with seven patients individually, and with others in smaller groups, confirmed that living in Springlawn Nursing Home was a generally a positive experience. Some comments received were as follows:

"It's very comfortable here. I get everything handed to me."

"It's lovely."

"It's alright."

"It's expensive but it's good."

"They are darn good workers. The place is spick and span."

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.

No relatives were consulted during the inspection. Ten relative questionnaires were provided; one was returned within the timescale. It indicated that they were very satisfied or satisfied with the care provided across the four domains.

Nine staff members and one visiting professional were consulted to determine their views on the quality of care in Springlawn Nursing Home. Staff were asked to complete an on line survey, we had no responses within the timescale specified. Some comments received were as follows:

"I love it here; I think that's why I am still here."

"The staff are friendly and capable. There is good communication with them and their contact with me is appropriate."

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

The following areas were identified for improvement in relation to activities and menus.

	Regulations	Standards
Total number of areas for improvement	0	2

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. Review of the rota evidenced that it did not clearly identify the nurse in charge and it was not signed by the registered manager or a designated representative. The registered manager agreed to review this. Discussion with staff and patients 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 service did not collect any equality data on service users and the registered manager was advised to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting the data.

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. Discussion with the registered manager evidenced that the complaints policy within the home has recently been updated as a result of monthly monitoring.

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, care records, continence, fire safety and supplements. Deficits were noted in the recently introduced infection prevention and control audit. The April 2018 audit did identify issues however these were not acted on. This was discussed with the registered manager and assurances were given in relation to the overall improvements that will be delivered in respect of infection prevention and control governance. In addition it was noted that there was no existing audit for restrictive practices within the home. This was discussed with the registered manager who agreed to revise this. This will be reviewed at the next care inspection.

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. The complaints policy within the home has recently been updated as a result of monthly monitoring.

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 management of complaints and 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 Sharon Colhoun, 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 14 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure records of clinical/neurological observation and actions taken post fall are appropriately recorded in the patient care records.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Staff meeting held and all staff made aware of new falls policy Accident book also updated to prompt staff to fully comply with policy</p>
<p>Area for improvement 2</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 suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff.</p> <p>This area for improvement is made with particular focus to the issues highlighted in section 6.4.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Email sent to RQIA addressing each area requested individually in above recommendation and outlined in a specific email post inspection, improvement plan ongoing and extra auditing commenced.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (4) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure adequate means of escape in the event of a fire.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Staff meeting held, all staff aware that blocking fire exits not acceptable. HTM84 inspection due 19th June and Northern Ireland fire officer coming on 26/06/18 to further inspect premises</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 4.9 Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that supplementary care records reflect the delivery of prescribed care accurately.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Staff meeting held and all care staff now using 24 Hour clock Staff allocated to check documentation before end of each shift</p>
Area for improvement 2 Ref: Standard 41 Stated: First time To be completed by: 1 June 2018	<p>The registered provider should ensure that staff meetings take place on a regular basis, at a minimum quarterly.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Staff meetings held quarterly and recorded in diary.</p>
Area for improvement 3 Ref: Standard 11 Stated: First time To be completed by: 1 June 2018	<p>The registered person shall ensure the programme of activities is displayed in a suitable format and in an appropriate location so that patients know what is scheduled.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Activity therapist and clients spoken to and a white board has been purchased to allow daily activities to be displayed as clients decide plan for the day</p>
Area for improvement 4 Ref: Standard 12 Stated: First time To be completed by: 1 June 2018	<p>The registered person shall ensure that menus are displayed for patients/visitors information in a suitable format and on a daily basis.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: New board purchased and on display in dining room clients will continue to have menu choices given daily which are recorded for chef</p>

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



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