



Unannounced Care Inspection Report

30 June 2018



The Tilery

Type of Service: Nursing Home (NH)
**Address: 130 Swanlinbar Road, Florencecourt,
Enniskillen, BT92 2DZ**
Tel no: 0286634 8811
Inspector: James Lavery

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 nursing home registered to provide nursing and residential care for up to 40 persons.

3.0 Service details

Organisation/Registered Provider: The Tilery Responsible Individual(s): Mrs Claire Stranney & Mr Stephen Stranney	Registered Manager: Miss Nicola Scovell
Person in charge at the time of inspection: Miss Nicola Scovell	Date manager registered: 13 April 2018
Categories of care: Nursing Home (NH) I – Old age not falling within any other category.	Number of registered places: 40 comprising: The home is approved to provide care on a day basis to 2 persons. There shall be a maximum of 2 named residents receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 30 June 2018 from 10.00 to 17.20.

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

The inspection assessed progress with any areas for improvement which had been identified during and since the care inspection which was conducted on 15 May 2018 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 staff communication with patients, monitoring the professional registration of staff and monthly monitoring visits.

Five areas for improvement under regulation were identified in relation to infection, prevention and control (IPC) standards, the secure storage of medicines, adherence to the Control of Substances Hazardous to Health (COSHH) regulations, fire safety practices and wound care.

Five areas for improvement under the standards were highlighted in regards to staff management, adult safeguarding, repositioning care to patients, the dining experience of patients and auditing.

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	5	5

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Nicola Scovell, 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 15 May 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 15 May 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

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

During the inspection the inspector met with nine patients, three patients' relatives and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients, relatives and families who were not present on the day of inspection opportunity to give feedback to RQIA regarding the quality of service provision. A poster was also displayed for staff inviting them to provide feedback to RQIA directly.

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

The following records were examined during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2018/19
- accident and incident records
- minutes of staff and relatives' meetings
- four patients' care records
- a selection of governance audits
- complaints records
- maintenance records
- adult safeguarding records
- notifiable incidents to RQIA
- personal emergency evacuation records
- RQIA registration certificate
- certificate of public liability
- 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, partially met or not met.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 15 May 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and was validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 15 May 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Standard 1 Criteria 9 Stated: First time To be completed by: 30 June 2018	The registered person shall ensure that adequate arrangements are in place for obtaining information to include referral information from the Trust for any unplanned or emergency admissions.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager in addition to review of the care record for one patient evidenced that robust arrangements had been adhered to in regards to obtaining comprehensive information about the patient's assessed care needs prior to their admission.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 2 Ref: Standard 46 Stated: First time To be completed by: 30 June 2018	The registered person shall ensure that staff adheres to best practice in infection prevention and control within the home. This relates specifically to dress code guidance.	Met
	Action taken as confirmed during the inspection: Observation of staff throughout the inspection confirmed that this area for improvement had been met.	

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 a monthly review to ensure that the assessed needs of patients were met. Discussion with the registered manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary. Discussion with patients and staff provided assurances that they had no concerns regarding staffing levels.

Discussion with the registered manager and review of governance records evidenced that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. However, while governance records confirmed that there was a robust process for the annual appraisal of staff, discussion with the registered manager highlighted that the bi-annual supervision of all staff was out of date. An area for improvement under the standards was made.

Discussion with the registered manager indicated that training was planned to ensure that mandatory training requirements were met. Additional face to face training was also provided, as required, to ensure staff were enabled to meet the assessed needs of patients. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Staff awareness in regards to adult safeguarding is discussed further below.

Review of governance audits for accidents/incidents (including any falls) confirmed that the incidence of these occurring was recorded by the registered manager. However, it was noted that the type, place and outcome of such incidents were not analysed in order to identify patterns and trends which could then inform any action plan to address identified deficits. The registered manager stated that this shortfall had been noted during a recent monthly monitoring visit and was currently being addressed. This will be reviewed during a future care inspection.

Discussion with the registered manager evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager also confirmed that an 'adult safeguarding champion' (ASC) was identified for the home. While the registered manager provided assurances that mandatory adult safeguarding training for staff was ongoing, some staff who were spoken with demonstrated limited knowledge of their specific roles and responsibilities in relation to adult safeguarding, specifically their obligation to report concerns. This was highlighted to the registered manager and an area for improvement under the standards was made.

Review of notification records evidenced that all notifiable incidents were reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). Records confirmed that the registered manager had reviewed the registration status of staff on a monthly basis.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms, were personalised with photographs, pictures and personal items. It was noted that one wash hand basin within a communal bathroom was unsteady and that signage was in place highlighting this. This was discussed with the registered manager who agreed to liaise with maintenance staff to rectify the matter and ensure that patient safety was maintained at all times within that communal bathroom. The registered manager was encouraged to seek advice from the RQIA estates team if any additional advice was required. Observation of the surrounding grounds also highlighted that an interior door which had been removed was propped up against a wall and presented a trip hazard to patients/visitors. The registered manager confirmed before completion of the inspection that this had been removed.

Review of the environment highlighted that one entrance to the laundry had been wedged open by staff using a clothing rail which had been left unattended. It was further noted that the doorway to one storage area adjacent to the main building had been inappropriately wedged open. This was highlighted to the registered manager who immediately addressed these deficits. The need to ensure that fire training is consistently embedded into practice was stressed. An area for improvement under regulation was made.

Deficits with regards to the delivery of care in compliance with infection, prevention and control best practice standards were noted, namely: the underside of a wall mounted dispenser for hand hygiene was stained within one communal toilet; a bar of soap was left for communal use within the same communal toilet area; the presence of incontinence net pants for communal use was observed, and one bed rail cover was noted to be worn. These deficits consequently impacted the ability of staff to deliver care in compliance with IPC best practice standards and guidance. An area for improvement under regulation was therefore made.

During a review of the environment it was noted that there were four areas in which patients could potentially have had access to harmful chemicals. This was discussed with the registered manager and it was stressed that the internal environment of the home must be managed to ensure that Control of Substances Harmful to Health (COSHH) regulations are adhered to at all times. The identified substances were secured by the registered manager before the conclusion of the inspection and an area for improvement under regulation was made.

Observation of the environment further identified two areas in which patients' medicines had not been stored securely. This was highlighted to the registered manager and the need to ensure that all medicines are stored securely at all times was emphasised. The identified medicines were secured before the inspection concluded. An area for improvement under regulation was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monitoring the professional registration of staff and managing notifiable incidents to RQIA.

Areas for improvement

Four areas for improvement under regulation were identified in relation to fire safety practices; infection, prevention and control practices; compliance with COSHH regulations and the secure storage of medicines.

Two areas for improvement under the standards were made in regards to staff supervision and adult safeguarding.

	Regulations	Standards
Total number of areas for improvement	4	2

6.5 Is care effective?

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

Discussion with staff and the registered manager evidenced that nursing/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' conditions and that they were encouraged to contribute to the handover meeting.

Staff who were spoken with stated that that if they had any concerns, they could raise these with their line manager and/or the registered manager. Staff spoke positively about working within the home.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. Staff also demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

Supplementary care charts, specifically, repositioning records, were reviewed for one patient and evidenced that they were maintained in accordance with best practice guidance, care standards and legislative requirements. Daily nursing records also contained evidence that the pressure area care given to the patient had been regularly and meaningfully reviewed. However, the corresponding care plan for pressure area care lacked clear direction as to the frequency with which the patient should be repositioned. Discussion with staff confirmed that they had no concerns about the patient's skin on the day of inspection. An area for improvement under the standards was made.

There was evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT). Care records further evidenced that a range of validated risk assessments were used and informed the care planning process. Regular communication with representatives within the daily care records was also found.

Discussion with the registered manager and a review of wound care records confirmed that nursing staff maintained a separate file for the delivery of wound care to patients in addition to patients’ own care records. It was found that the content of this dressing file accurately corresponded with patients’ assessed wound care needs. Supplementary care records were also completed in a consistent and accurate manner. However, deficits were found in regards to the delivery of wound care. Review of the care record for one patient who required regular wound care highlighted that nursing staff had not recorded the delivery of wound care on one occasion in keeping with legislative and best practice requirements. It was also noted that miscommunication between nursing staff then resulted in a delay to the patient’s wound being dressed in keeping with recommendations from the attending TVN. An area for improvement under regulation was made. Governance processes relating to wound care delivery is discussed in section 6.7.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication with the multi-professional team.

Areas for improvement

One area for improvement under regulation was identified in relation to wound care.

One area for improvement under the standards was made in regards to care planning for the repositioning of patients.

	Regulations	Standards
Total number of areas for improvement	1	1

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.

Staff interactions with patients were observed to be compassionate and caring. All patients were positive in their comments regarding the staffs’ ability to deliver care and respond to their needs and/or requests for assistance. Discussion with the registered manager and staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner.

Feedback received from several patients during the inspection included the following comments:

- “It’s grand.”
- “I’ve no complaints.”
- “I couldn’t ask for anything ...the place is wonderful.”

Feedback received from patients’ relatives/representatives during the inspection included the following comments:

- “The care is very good.”
- “The place is spotless.”

In addition to speaking with patients, patients' relatives and staff, RQIA provided ten questionnaires for patients and 10 questionnaires for patients' relatives/representatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

At the time of writing this report, no questionnaires have been returned within the specified timescales. Questionnaire comments received after specified timescales will be shared with the registered manager, as necessary.

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.

There were systems in place to obtain the views of patients and their representatives in relation to the delivery of care and the management of the home.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Observation of the lunch time meal within the dining room evidenced that patients were given a choice in regards to the meals being served. The dining area appeared to be clean, tidy and appropriately spacious for patients and staff. Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans and associated SALT dietary requirements. All patients appeared content and relaxed in their environment. However, it was observed that some patients were not served their lunch in a timely manner upon arrival to the dining area resulting in a delay of up to 46 minutes for one patient. This deficit was highlighted to the registered manager and an area for improvement under the standards was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff interactions with patients.

Areas for improvement

One area for improvement under the standards was made in regards to the dining experience of patients.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

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

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised. In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The registered manager confirmed that there was a system in place to ensure that policies and procedures for the home were systematically reviewed on a three yearly basis.

The registration certificate was up to date and displayed appropriately. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately. It was also confirmed with the registered manager that any expression of dissatisfaction should be recorded appropriately as a complaint. However, it was noted that there is no governance process in place for the regular analysis of complaints in order to identify any trends/patterns and disseminate any learning derived from such analysis. It was agreed that the registered manager would commence such a process and this will be reviewed during a future care inspection.

Discussion with the registered manager and a 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.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Staff recruitment information was available for inspection and records for one staff member evidenced that all relevant checks including enhanced AccessNI checks were sought, received and reviewed prior to them commencing work in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005.

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 registered manager confirmed that the equality data collected was managed in line with best practice guidance.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. Staff confirmed that such meetings were held and that the minutes were made available. The registered manager stated that there had not been any relatives' meeting within the previous year although one was currently scheduled for the following week. The need to ensure that such meetings are provided for patients' relatives in order to facilitate their engagement and participation was stressed.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to health and safety, IPC and hand hygiene. The registered manager stated that wound care within the home had been audited by senior nursing staff with irregular frequency and available audits contained no written evidence to confirm that the registered manager had reviewed these audit findings with the nursing team. An area for improvement under the standards was made.

Discussion with the registered manager and review of governance records confirmed that competency and capability assessments had been completed for any nursing staff who were in charge of the home in the absence of the registered manager. While the registered manager stated that care staff who were commissioned from a number of nursing agencies received an orientation and induction to the home upon arrival, there was no written record of this. It was agreed that any agency staff employed within the home should undergo a robust process of orientation and induction to the home and that a written record of this should be maintained. This will be reviewed during a future care inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the selection and recruitment of staff.

Areas for improvement

One area for improvement under the standards was made in regards to the auditing of wound care.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Miss Nicola Scovell, 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 27 (4) (b) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that adequate precautions against the risk of fire are taken and that best practice guidance in relation to fire safety is embedded into practice.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Fire training booked for all staff to attend. Twice yearly zone evacuations will take place to ensure staff are competent to deal in the event of a fire.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All staff to complete online infection control training. All staff spoken to regarding issues identified.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a)(c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that chemicals are stored in keeping with COSHH regulations.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All sluice rooms have been fitted with locks and are now kept closed at all times.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all medicines are stored safely and securely within the home at all times.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All topical named medication will be kept in clients room for personal use only.</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in relation to the provision of wound care for all patients:</p> <ul style="list-style-type: none"> • that nursing staff shall record all wound care interventions in an accurate, thorough and consistent manner in compliance with legislative and best practice standards, • that wound care is provided to patients in compliance with relevant care plans and/or multiprofessional recommendations at all times <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: All wound care interventions shall be documented in a timely manner for all residents with wounds and care plan shall be audited by senior management regularly and updated accordingly. Any refusal of treatment by client will be documented clearly and rescheduled for an alternative time ensuring treatment is completed.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 40</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2018</p>	<p>The registered person shall ensure that robust governance processes are in place which facilitate and evidence that all staff undergo bi-annual supervision in order to promote the delivery of quality care and services to patients.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The registered person shall ensure that all staff receive bi-annual supervision.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2018</p>	<p>The registered person shall ensure that appropriate governance arrangements are in place to ensure that all staff attend adult safeguarding training and have sufficient awareness of the home's adult safeguarding policy to help ensure that it is embedded into practice.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Further training has been booked for staff needing safeguarding training. Supervision has been discussed with all staff regarding safeguarding.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in relation to the provision of repositioning care for all patients:</p> <ul style="list-style-type: none"> • that care plan(s) are in place which accurately describe the frequency with which patients need to be repositioned <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: All patients will have a care plan devised detailing repositioning requirements which shall be updated on a monthly basis.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the dining experience of patients is promoted and in line with best practice guidance, specifically,</p> <ul style="list-style-type: none"> • patients shall only be assisted to the dining room immediately prior to their meal being served unless otherwise requested and/or in keeping with their documented preferences. <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: All patients shall be served their meals within a timely manner.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2018</p>	<p>The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements, minimum standards and current best practice, specifically, wound care audits.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The registered person will ensure that all audits are completed to minimum standard. Wound care audit will be addressed by registered person on a minimum of a monthly basis.</p>

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



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