

Unannounced Care Inspection Report 23 January 2017



Greenville Manor Care Centre

Type of Service: Nursing Home
Address: 192 Newtownbreda Road, Belfast, BT8 6QB
Tel no: 028 9064 4244
Inspector: Heather Sleator

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Greerville Manor Care Centre took place on 23 January 2017 from 09.30 to 16.30 hours.

The inspection sought to assess progress with any issues raised 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.

Is care safe?

There was evidence of the satisfactory delivery of care. Weaknesses were identified regarding the use of specialised seating when the chair was in the 'tilt' position, refer to section 4.4 for further information. Staff were required to attend mandatory training and the observation of care delivery evidenced that knowledge and skill gained, through training, was embedded into practice. Staff had completed a number of dementia specific training areas as they were completing the organisations Dementia Care Framework process which was due to complete at the end of March 2017.

Staffing arrangements were satisfactory. Staff confirmed communication in the home was good and that there was a system of annual appraisal and supervision in place. A more robust system for monitoring the registration of care staff with the Northern Ireland Social Care Council (NISCC) had been established and recruitment and selection procedures were in accordance with legislative requirements. There were no requirements or recommendations made.

Is care effective?

Weaknesses have been identified in the delivery of effective care specifically in relation to the management of care planning regarding the use of specialised seating. This matter had been raised previously. Weaknesses were also identified in the completion of supplementary care records and a recommendation has been made that staff are more diligent regarding their recording responsibilities. Improvements were also required in the management of and approach to meals and mealtimes, particularly in Dixon and Millbrook suites. These matters had been raised previously and there has been limited evidence of improvement since the last inspection. One requirement and four recommendations have been made in this domain, of which one requirement and one recommendation have been stated for the second time.

Is care compassionate?

Staff interactions with patients were observed to be caring and timely. Staff demonstrated a detailed knowledge of patients' wishes and preferences. There was evidence of good communication in the home between staff and patients and patients and patients' representatives were very praiseworthy of staff.

Comments were received from a patient and the comments were discussed with the regional manager, in the absence of the acting manager, refer to section 4.5 for more detail. There were no requirements or recommendations made in this domain.

Is the service well led?

There was a clear organisational structure and staff were aware of their roles and responsibilities. A review of care confirmed that the home was operating within their registered categories of care, in accordance with their Statement of Purpose and Patient Guide.

There was evidence that effective management systems had been established in the home and that the services provided by the home were regularly monitored. The acting manager had been transferred to the home in October 2016 and evidence was present of an improvement in the governance and management arrangements in the home. There were no requirements or recommendations made in this domain.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1*	4*

* Refers to a requirement and recommendation stated for a second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Violet Graham, acting manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 22 September 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. 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.

2.0 Service details

Registered organisation/registered person: Four Seasons Health Care Dr Claire Royston	Registered manager: Violet Graham
Person in charge of the home at the time of inspection: Violet Graham	Date manager registered: Acting – No Application
Categories of care: Belvoir suite -NH-A Millbrook suite - NH-MP, NH-MP(E) Dixon suite – NH-DE	Number of registered places: 60

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspectors also met with 20 patients, four care staff, five registered nurses, the occupational therapist, a personal activities leader (PAL) and one relative.

Questionnaires for patients (10), relatives (eight) and staff (10) to complete and return were left for the home manager to distribute. Please refer to section 4.5 for further comment.

The following were examined during the inspection:

- validation evidence linked to the previous QIP
- staff roster
- staff training records
- staff induction records
- staff competency and capability assessments
- staff recruitment records
- staff supervision and appraisal planner
- complaints and compliments records
- incident and accident records
- records of quality audits and
- records of staff, patient and relatives meetings
- three patient care records

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 15 November 2017

The most recent inspection of the home was an unannounced medicines management inspection. There were no requirements or recommendations made at this inspection.

4.2 Review of requirements and recommendations from the last care inspections Dated 18 August 2016 and 14 October 2016

Last care inspection requirements		Validation of compliance
Requirement 1 Ref: Regulation 20 (1) (c) (i) and (2) Stated: First time To be completed by: 31 October 2016	The registered provider must ensure systems are established to evidence that staff are in receipt of an annual appraisal and regular supervision.	Met
	Action taken as confirmed during the inspection: We reviewed the supervision and annual staff appraisal planner which confirmed a systematic approach to supervision and appraisal had been established. In discussion with staff they confirmed that supervision and appraisal took place.	
Requirement 2 Ref: Regulation 21 Schedule 2 Stated: First time To be completed by: 31 October 2016	The registered provider must ensure that the recruitment and selection procedures are completed in accordance with regulatory requirements and employment legislation and all required information is retained by the registered manager.	Met
	Action taken as confirmed during the inspection: Two staff personnel records were reviewed. Both records evidenced all required information in accordance with employment legislation and regulation 21 schedule 2 were present.	

Requirement 3 Ref: Regulation 13 (7) Stated: First time To be completed by: 31 October 2016	<p>The registered provider must ensure that infection prevention and control procedures are adhered to by staff at all times.</p> <p>Action taken as confirmed during the inspection: We reviewed the infection prevention and control audits that were completed on a monthly basis. Where a shortfall had been identified the necessary remedial action was identified and the timescale for completion stated. During an inspection of the premises infection prevention and control measures were observed to be adhered to and equipment was appropriately stored.</p>	Met
Requirement 4 Ref: Regulation 13 (1) (b) Stated: First time To be completed by: 31 October 2016	<p>The registered provider must ensure that care plans accurately reflect patients' needs. Care plans must be specific and reflect the recommendations of the multidisciplinary team, where applicable.</p> <p>Action taken as confirmed during the inspection: Care records in respect of patients' who required specialist seating were reviewed. Evidence was not present, in all records reviewed, that the recommendations of the multidisciplinary team had been transferred to patients care records, for example; where a specific degree of recline or tilt was prescribed.</p>	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 44.12 Stated: Second time To be completed by: 17 October 2016	<p>The registered provider should inform RQIA, in writing, of the action to be taken and timescale for completion, for the repair/refurbishment of the shower facilities in Millbrook suite.</p> <p>Action taken as confirmed during the inspection: An application of variation was submitted to RQIA which detailed the proposals for planned work to the home. The proposal included the action to be taken and timescale for completion, for the refurbishment of the shower facilities in Millbrook suite.</p>	Met

<p>Recommendation 2</p> <p>Ref: Standard 38</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2016</p>	<p>The registered provider should ensure that a robust system is established to regularly monitor the registration of staff with their professional bodies.</p> <p>Action taken as confirmed during the inspection: We reviewed the system, in place, to regularly monitor the registration of staff with their professional bodies. Evidence was present that the registration status of both registered nurses and care assistants were reviewed on a regular basis.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2016</p>	<p>The registered provider should ensure staff receive appropriate training regarding the use of restrictive practice. Care plans should accurately reflect the rationale for the use of a restrictive practice, be known to all staff and regularly reviewed.</p> <p>Action taken as confirmed during the inspection: The acting manager completes a monthly audit of the use of any restrictive practice in the home. This information is reviewed and reported on by the regional manager when completing the monthly quality monitoring visit. The review of staff training records evidenced that 19 staff had completed training in respect of distressed reactions and the deprivation of liberty standards. Further training is planned for the future.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2016</p>	<p>The registered provider should ensure that the approach to meals and mealtimes in Millbrook and Belvoir units are conducive to the needs and views of the patients and in accordance with best practice.</p> <p>Action taken as confirmed during the inspection: The serving of the midday meal in Belvoir and Millbrook units was observed. Improvement was in evidence in Belvoir suite. However, discussion took place with staff in Millbrook suite and the meal service in this unit was not observed to be as smoothly organised as in Belvoir. Refer to section 4.4 for further information.</p>	<p>Partially Met</p>

Recommendation 5 Ref: Standard 44 Stated: First time To be completed by: 21 November 2016	The registered provider should ensure that confirmation of compliance with the agreed actions is submitted to RQIA. Action taken as confirmed during the inspection: Information in respect of the repair of the underground pipes and subsequent refurbishment of the affected areas of the home were submitted to RQIA. The work is now complete.	Met

4.3 Is care safe?

The acting 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. Review of the staffing rota from 15 January to 29 January 2017, evidenced that the planned staffing levels were adhered to. In the absence of the registered manager a registered nurse is designated as the person in charge of the home. Competency and capability assessments for the nurse in charge of the home were current and reflected the responsibilities of the position. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Discussion with patients and staff evidenced that there were no concerns regarding staffing levels.

There were safe systems in place for the recruitment and selection of staff. A review of two personnel files evidenced that these were reviewed by the organisations human resources officer, the previous registered manager and the current acting manager and were checked for possible issues. The review of recruitment records evidenced that enhanced criminal records checks were completed with Access NI and the reference number and date received had been recorded.

Discussion with the acting manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

Discussion with staff and a review of the staff training records confirmed that training had been provided in all mandatory areas and this was kept up to date. A review of staff training records confirmed that staff completed e-learning (electronic learning) modules on a range of topics including; medicines management, control of substances hazardous to health, fire safety, food safety, health and safety, infection prevention and control, moving and handling and adult prevention and protection from harm. As recommended at the previous inspection of 18 August 2016, 19 staff had completed training in restrictive practice and the deprivation of liberty standards; further training is planned for the future. Staff in the home had recently commenced the organisations 'Dementia Care Framework' training which aims to enhance the quality of care and life experience for persons living with dementia. The focused training is due to be completed by the end of March 2017. Individual staff members have either completed, or are in the process of completing; dementia specific training in for example; communication, meaningful activities and all staff completed the initial training which focused on understanding dementia.

Discussion with the acting manager and staff confirmed that there were systems in place to monitor staff performance or to ensure that staff received support and guidance. Staff were coached and mentored through one to one supervision, competency and capability assessments and annual appraisals.

The staff consulted with were knowledgeable about their specific roles and responsibilities in relation to adult safeguarding. The complaints and safeguarding records provided evidence of incidents. A review of the records identified that concerns had been logged appropriately. A review of documentation confirmed that any potential safeguarding concern was managed appropriately and in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

A range of risk assessments were completed as part of the admission process and were reviewed as required. The assessments included where patients may require the use of a hoist or assistance with their mobility and their risk of falling; the use of bedrails, if appropriate and assistance with eating and drinking due to the risk of malnutrition or swallowing difficulties. The risk assessments generally informed the care planning process.

However, we observed a number of patients in Dixon unit sitting in specialised seating which was in the 'recline' or 'tilt' position. The patients remained in the reclined position whilst being assisted with their midday meal. The review of patient care records did not evidence that nursing staff had developed care plans regarding this therefore reclining patients in specialised seating may be viewed as a restrictive practice. Refer to section 4.4

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

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean and tidy. A programme of redecoration had commenced in Dixon suite following the major works which had recently been completed and to enhance the appearance of the environment for the patients. Issues which had been identified at the inspection of 18 August 2016 regarding the shower facilities and malodour caused by poor drainage had been addressed as a result of the major works undertaken in the home in November and December 2016. Infection prevention and control measures were adhered to and equipment was stored appropriately. Fire exits and corridors were maintained clear from clutter and obstruction.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.4 Is care effective?

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that registered nurses, assessed, planned, evaluated and reviewed care, with some exceptions. We observed patients in Dixon unit sitting in specialised seating which was in the 'reclined' or 'tilted' position. Patients remained in the reclined position when being assisted with their midday meal.

The review of patients care records did not evidence that care plans were present which directed staff as to the degree of 'recline' or 'tilt' to be used and for how long. One patient's care record stated the patient should be upright i.e. not reclined when eating. Remaining in a reclined position when eating increased the risk of the patient choking. The care planning process must accurately reflect the needs of patients and provide staff with the necessary guidance and a requirement has been made. Information from the multidisciplinary team was either not included in care plans or was not specific i.e. the degree of 'tilt'. This could be perceived as restrictive practice by staff due to poor care planning. It was concerning that these issues were raised at the previous inspection of 18 August 2016 and remained evident at this inspection. The requirement in respect of the concerns is stated for a second time.

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.

Supplementary care charts such as repositioning and food and fluid intake records did not evidence that care was delivered and records were maintained in accordance with best practice guidance, care standards and legislative requirements. Repositioning charts did not evidence the frequency of repositioning and there were 'gaps' in recording. A consistent approach to the recording of patients' fluid intake was not in evidence. There was an absence of the recording of fluid taken 20.00 to 09.00 hours the following day and on occasion from 17.00 to 09.00 hours. A recommendation has been made that staff diligently record and report on all planned care interventions to meet patients assessed need within supplementary care records.

We observed lunch being served in the Millbrook, Belvoir and Dixon units. The meal service in Belvoir was satisfactory however; improvement was needed in both Dixon and Millbrook suites. There was a variation in the presentation of the dining room tables in Millbrook suite as all dining tables were not fully set. Patients were observed going to the heated trolley, in a queue, to receive their meal. This was discussed with staff who stated dining tables were not fully set as a patient in the unit would 'lift', for example; cutlery on the tables. Discussion took place with staff as to whether other methods to support this patient had been used so as the remaining patients were not disadvantaged. Staff did not confirm that other methods had been tried. In relation to patients' queueing up at the heated trolley, staff stated this was to promote independence. The observation of the midday meal service in Millbrook unit did not evidence it to be an organised and calm activity. This was a recommendation of the previous inspection of 18 August 2016. Compliance had been attained in the Belvoir suite but not in Millbrook suite and the recommendation is stated for a second time.

The observation of the midday meal in Dixon unit evidenced that further improvement was needed. The day's menu was not displayed in a suitable format or location for persons living with dementia and condiments (salt) was only available on one table. Meals were placed in front of patients, including desserts, before the patient was ready to eat or be assisted by staff. Desserts were not kept in the heated trolley until the point of service. The meal service to patients who received their meals in their bedrooms was observed. The meal, including desserts, was placed in front of the patient on a small table. Condiments were not available for patients who took their meal in their bedroom. A recommendation has been made that the dining experience in Dixon unit is reviewed and enhanced so as it is a pleasurable activity for persons living with dementia.

We observed the serving of the mid-morning tea and snack. Attractive new crockery had been purchased for patients. Patients did not have a choice of beverage as only tea was available. Staff stated juice was available in the lounge areas and patients bedrooms. Patients who required a modified diet received a cup of tea with a digestive biscuit and a thickening agent added. This did not appear palatable. In discussion with staff they stated patients who required a modified diet were given yoghurt or a smoothie at the afternoon tea service. A recommendation has been made that the mid-morning and mid afternoon tea service affords patients a choice of fluid and patients who require a modified diet have a choice of an appropriate snack.

Areas for improvement

Care records must accurately reflect the needs of patients. Nursing staff must reflect the specific directions of the multidisciplinary team in care plans, where applicable, and ensure all staff are aware of care interventions. **This requirement is stated for a second time.**

Staff should diligently record and report on all planned care interventions to meet patients assessed need within supplementary care records.

The dining experience for patients in Dixon unit should be reviewed and enhanced so as it is a pleasurable activity for persons living with dementia.

The approach to mealtimes in Millbrook unit should be reviewed to ensure a systematic and calm approach to mealtimes is established. **This recommendation is stated for a second time.**

The mid-morning and mid afternoon tea service should afford patients a choice of fluid and patients who require a modified diet should have a choice of an appropriate snack.

Number of requirements	1	Number of recommendations	4
------------------------	---	---------------------------	---

4.5 Is care compassionate?

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

Staff demonstrated a detailed knowledge of patients' wishes and preferences. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

On this occasion the arrangements for the provision of activities was not assessed and will be reviewed at the next inspection.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. Views and comments of the patients and relatives are sought using the organisations electronic quality of life questionnaire. Patients meetings are held in Millbrook and Belvoir suites. In discussion with the Occupational Therapist employed in Millbrook suite it was confirmed that she 'chairs' a monthly meeting with the patients and discussion includes social activities, the menu and meals and any 'in-house' issues. Action plans were developed and shared with staff, patients and representatives in respect of pertinent issues.

Consultation with patients individually, and with others in smaller groups, confirmed that living in Greenville was, in general, a positive experience.

Comments include:

"The staff are ok."

"It's alright."

"I'd rather be home."

We met with one relative who expressed their satisfaction with the care afforded by staff to their relatives.

Comment included:

"I'm still very satisfied with the care in the home."

Staff also commented very positively about working in the home.

Comments included:

"It's a good place to work"

"I'm very happy here"

Questionnaires

In addition (eight) relative/representatives; (10) patient and (10) staff questionnaires were provided by RQIA to the registered manager for distribution. At the time of issuing this report; four staff, one relative and two patients returned their questionnaires within the specified timeframe. The responses within the returned questionnaires were positive in respect of the care and attention afforded to patients and the quality of nursing and other services provided by the home. However, comments were received from a patient and a staff member. The patient commented;

"Sometimes they (staff) don't listen to me."

"I keep asking for things and they send me away back to my room."

"They (staff) don't have patience for me."

"People disturb me when I want to rest".

The regional manager, Lorraine Kirkpatrick, in the absence of the acting manager, was informed of the comments received from a patient and agreed to try and resolve the issues raised.

A staff member commented that there should be more regular staff meetings.

Areas for improvement

There were no areas for improvement identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.6 Is the service well led?

Discussion with the acting manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion, representatives were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The registration certificate was displayed in the entrance lobby. A certificate of public liability insurance was current and displayed.

Discussion with the acting manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Representatives spoken with and who responded by questionnaire, confirmed that they were aware of the home's complaints procedure. Staff and representatives confirmed that they were confident that staff and management would manage any concern raised by them appropriately.

Discussion with the acting 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. A review of notifications of incidents to RQIA since the last care inspection in October 2016 confirmed that these were managed appropriately.

Discussion with the acting manager and 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 relation to care records, infection prevention and control, incidents and accidents. The outcome of any audit undertaken is reviewed on a monthly basis by the regional manager when completing the monthly quality monitoring visit and subsequent report.

Discussion with the acting manager and review of records for October, November and December 2016 evidenced that Regulation 29 monthly quality monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Violet Graham, acting manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment 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.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 13 (1) (B) Stated: Second time To be completed by: 10 March 2017	<p>The registered provider must ensure that care plans accurately reflect patients' needs. Care plans must be specific and reflect the recommendations of the multidisciplinary team, where applicable.</p> <p>Ref: section 4.2</p>
	<p>Response by registered provider detailing the actions taken: Care plans have been audited to ensure they accurately reflect the patients' needs in accordance with the multidisciplinary team. Care plans evaluated monthly by the named nurse and care plans are audited weekly by the Deputy. When the multidisciplinary team make changes to the plan of care for the patient it is the responsibility of the nurse on duty to amend or re write the patients care plan .If the nurse fails to do this then training and supervision will be given by the registered manager</p>
Recommendations	
Recommendation 1 Ref: Standard 12 Stated: Second time To be completed by: 10 March 2017	<p>The registered provider should ensure that the approach to meals and mealtimes in Millbrook and Belvoir units are conducive to the needs and views of the patients and in accordance with best practice.</p> <p>Ref: section 4.2</p>
	<p>Response by registered provider detailing the actions taken: The approach to meals and mealtimes has been assessed and a new system for serving meals is in place The patients that are able to participate will assist staff with setting the tables making sure there is a table cloth, napkins, and cutlery. When it is time to serve the meal all patients will be seated at the table and the staff will serve the patient. This would appear to be good practice as the dining experience is organised and calm.</p>
Recommendation 2 Ref: Standard 4.9 Stated: First time To be completed by: 10 March 2017	<p>The registered provider should ensure that staff diligently record and report on all planned care interventions to meet patients assessed need within supplementary care records.</p> <p>Ref: section 4.4</p>
	<p>Response by registered provider detailing the actions taken: Nurse in charge will carry out random checks during the day to check if the supplementary care records have been completed with the correct information. The Nurse in charge at the end of the shift will check the supplementary records and cross reference the details that are required to be entered in the patients' daily progress notes</p> <p>If staff are not able to complete these records correctly training and supervision will be carried out.</p>

<p>Recommendation 3</p> <p>Ref: Standard 12.21</p> <p>Stated: First time</p> <p>To be completed by: 10 March 2017</p>	<p>The registered provider should ensure that the dining experience for patients in Dixon unit is reviewed and enhanced so as it is a pleasurable activity for persons living with dementia.</p> <p>Ref: section 4.4</p> <p>Response by registered provider detailing the actions taken: The Dixon dining room has been refurbished to give the patients a nice environment to enjoy their meals Dining tables set prior to each meal with table cloths, napkins, salt, pepper and cutlery. Staff will serve the meal when all patients have been seated and take time to assist the patients with their meal.</p>
<p>Recommendation 4</p> <p>Ref: Standard 12.15</p> <p>Stated: First time</p> <p>To be completed by: 10 March 2017</p>	<p>The registered provider should ensure that the mid-morning and mid afternoon tea service affords patients a choice of fluid and patients who require a modified diet should have a choice of an appropriate snack.</p> <p>Ref: section 4.4</p> <p>Response by registered provider detailing the actions taken: The mid-morning and afternoon tea service provides the patients with a choice of fluids as tea, coffee, juice or milk Patients who require a modified diet will have the choice of custard, yoghurt, pureed fruit and soft sponge cake with cream. Staff serving the mid-morning and mid-afternoon tea must make sure the tea trolley is set up correctly before they leave the service area.</p>



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
 @RQIANews