



Unannounced Care Inspection Report 6 November 2018



Lecale Lodge

Type of Service: Nursing Home (NH)
Address: 26 Strangford Road, Downpatrick, BT30 6SL
Tel No: 028 4461 6487
Inspector: James Laverty

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 for up to 41 persons.

3.0 Service details

Organisation/Registered Provider: Maureen Claire Royston Responsible Individual: Four Seasons Health Care	Registered Manager: Claire Quail – acting manager
Person in charge at the time of inspection: Claire Quail	Date manager registered: See comment above – application not required
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of registered places: 41 A maximum of 25 patients in category NH-MP/MP(E)

4.0 Inspection summary

An unannounced inspection took place on 6 November 2018 from 09.40 to 17.00 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 Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last 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 staff communication with patients and the provision of social stimulation for patients; monitoring the professional registration of staff; the notification of incidents and governance processes which focus on quality assurance and care delivery.

Areas for improvement under regulation were identified in relation to infection, prevention and control (IPC) practices, adherence to the Control of Substances Hazardous to Health (COSHH) regulations, and the management of enteral feeding.

Areas for improvement under the standards were identified in relation to the interior environment, care records relating to those patients requiring a modified diet and the provision of oral care to patients.

Patients said that they were well cared for and expressed confidence in the ability and willingness of staff to meet their care needs. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

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	3

Details of the Quality Improvement Plan (QIP) were discussed with Claire Quail, 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 19 April 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 19 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
- 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 eight patients and six staff. No patients' relatives/representatives were available during the inspection. 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. 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 and/or discussed 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 2017/18
- accident and incident records
- minutes of staff and relatives' meetings
- three patients' care records / supplementary enteral feeding records for two patients
- a selection of governance audits
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- personal emergency evacuation records
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met or not met.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 19 April 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 will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 19 April 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: Regulation 12 (1) (a)(b) Stated: Second time	The registered person shall ensure that all patient care records accurately reflect the prescribed care and treatment which should be delivered in compliance with recommendations made by the multidisciplinary care team, specifically those patients requiring enteral feeding via a PEG tube. These records should also reflect the prescribed delivery of oral care.	Met
	Action taken as confirmed during the inspection: Review of the care record for two patients requiring enteral feeding confirmed that relevant and person centred care plans were in place which accurately reflected the prescribed care and treatment which should be delivered in compliance with recommendations made by the multidisciplinary care team. Other deficits relating to the management of enteral feeding are referred to in section 6.5.	
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that all medicines are stored safely and securely within the home at all times.	Met
	Action taken as confirmed during the inspection: Observation of the environment confirmed that medicines were stored safely and securely within the home at all times.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 43 Stated: First time	The registered person shall ensure that the internal environment is arranged and maintained as to be best suited to the needs of patients, specifically, communal lounges.	Met
	Action taken as confirmed during the inspection: Review of the environment confirmed that lounges were not cluttered. Further observations relating to one identified lounge is discussed in section 6.4.	
Area for improvement 2 Ref: Standard 39 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Discussion with the manager confirmed that appropriate governance arrangements were in place to ensure that all staff attend adult safeguarding training. However, discussion with staff highlighted an inconsistent understanding of how to respond to a potential safeguarding incident. This was discussed with the manager who agreed to schedule formal supervision as soon as possible with all staff to address this specific deficit in understanding.	
Area for improvement 3 Ref: Standard 12 Stated: First time	The registered person shall ensure that staff practices/routines and the dining environment promote a person centred and relaxing dining experience for patients.	Met
	Action taken as confirmed during the inspection: Observation of the lunch time meal provided assurance that the shortfalls identified during the previous care inspection had been addressed. Further observations relating to the dining experience of patients is discussed further in section 6.6.	

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 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 manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary. The manager advised that from 22 October 2018 to 4 November 2018 there were no occasions when planned staffing levels were not fully adhered to due to staff sickness. Discussion with patients and staff provided assurances that they had no concerns regarding staffing levels.

Discussion with the manager and staff provided assurances that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through a process of both supervision and appraisal.

The manager stated 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 within this section of the report.

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 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 manager had reviewed the registration status of staff on a bi-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 highlighted to the manager that review of the internal environment did highlight some areas requiring further refurbishment. The manager stated that such refurbishment within the home was ongoing. Following the inspection, RQIA were provided with a refurbishment plan which provided assurance that flooring in five bedrooms and one lounge would be replaced. In addition, the plan confirmed that armchairs and soft furnishings in several areas would also be replaced. This will be reviewed at a future care inspection. It was also noted that one communal lounge lacked adequate seating for patients. The manager stated that new furniture had been ordered for the identified lounge. This will be reviewed during a future care inspection.

It was also noted that some alterations to the hairdressing room were incomplete. The need to ensure that all areas of the home are safe, well maintained and remain suitable for their stated purpose was highlighted. An area for improvement under the standards was made. Review of the laundry and discussion with staff also highlighted that one tumble dryer was faulty. This was highlighted to the manager who informed RQIA following the inspection that arrangements had been made for repair of the identified tumble dryer.

Fire exits and corridors were observed to be clear of clutter and obstruction. Observation of staff on the day of inspection also evidenced that they adhered to safe fire practices.

Deficits with regards to the delivery of care in compliance with infection, prevention and control best practice standards were noted, namely: one lounge chair which was noted to be ripped and patients' clothes protectors which had been stored inappropriately. 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 the regulations was therefore made.

During a review of the environment it was noted that there were three areas in which patients could potentially have had access to harmful chemicals. This was discussed with the 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 manager before the conclusion of the inspection and 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 the notification of incidents.

Areas for improvement

Two areas were identified for improvement under regulation in relation to COSHH compliance and infection, prevention and control practices.

One area for improvement under the standards in regards to the internal environment was highlighted.

	Regulations	Standards
Total number of areas for improvement	2	1

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 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 manager. Staff spoke positively about working within the home. Staff comments included the following:

“... no concerns at all.”

“I’m happy enough ... short staffing was a problem but has improved since (the manager) arrived.”

“I do love it here.”

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. There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found.

The management of those patients requiring a modified diet was reviewed and the care records for one such patient were examined. It was positive to note that an accurate and person centred nutritional risk assessment was in place. It was also noted that a comprehensive care plan which clearly indicated the patient’s assessed dietary needs had been completed by nursing staff. However, while staff demonstrated a good understanding of the patient’s dietary needs, it was noted that the dietary care plan and an associated choking risk assessment had not been written in a timely manner following the patient’s initial admission. In addition, supplementary written dietary information had not been passed to kitchen staff by nursing staff until nine days following the patient’s admission. Discussion with kitchen staff provided assurances that they had an accurate understanding of the patient’s assessed dietary needs although were unable to locate catering records which confirmed the patient’s required diet. This was discussed with the manager and an area for improvement under the standards was made.

The provision and management of enteral feeding to patients was also reviewed. Care records for one patient requiring ongoing enteral feeding evidenced that a comprehensive and person centred care plan was in place which clearly outlined the patient’s required feeding regimen and which accurately reflected multiprofessional recommendations. However, review of supplementary enteral feeding records highlighted an inconsistency with the recommended enteral feeding regimen and while discussion with staff provided assurances that the patient was receiving the required diet, the supplementary records in use were found to be inconsistent with aspects of the recommended enteral regimen. Review of multiprofessional records, specifically, dietetic correspondence also highlighted that these had not been filed and maintained in a contemporaneous manner which would promote effective communication between nursing staff. Review of the care record for a second patient requiring ongoing enteral feeding confirmed that a relevant care plan was in place in relation to the patient’s required dietary needs. However, the care plan had not been reviewed in a meaningful manner by nursing staff. Discussion with staff did provide assurance that the patient was receiving the prescribed enteral feed on a daily basis in keeping with current multiprofessional recommendations. These shortfalls were discussed with the manager who stated that specific folders would be maintained by nursing staff with immediate effect for all patients requiring enteral feeding. It was confirmed during and following the inspection that the manager will complete a weekly audit of all enteral feeding documentation for each patient as appropriate; this audit will focus on ensuring that the enteral feeding regime being provided to patients remains compliant with current recommendations received from the community dietician/multiprofessional team. In addition, the home’s regional manager will quality

assure these audits during the monthly monitoring visits to the home. The manager further agreed to ensure that all previous and out of date documentation relating to enteral feeding is removed from patients’ files and archived as required. An area for improvement under regulation was highlighted.

The provision of oral care to patients was also reviewed. It was positive to note that nursing and care staff were aware of the importance of providing regular oral care to patients, particularly those requiring enteral feeding. However, discussion with staff and review of the care record for two patients requiring oral care highlighted an inconsistent approach to this aspect of care delivery. While no concerns were identified in regards to the oral hygiene of the two patients reviewed, the need to ensure that a robust system is in place for the provision of oral care to patients was stressed. 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 communication with the multi-professional team.

Areas for improvement

One area for improvement under regulation was made in regards to the provision of enteral care to patients.

Two areas for improvement under the standards were highlighted in regards to the management of patients requiring a modified diet and the provision of oral care.

	Regulations	Standards
Total number of areas for improvement	1	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.

Staff interactions with patients were observed to be compassionate and caring. All patients were positive in their comments regarding staff ability to deliver care and respond to their needs and/or requests for assistance. Discussion with the 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:

- “I really like it here ... it’s great”
- “I couldn’t ask for better.”
- “The staff are terrific ... they take great care of me.”

In addition to speaking with patients, patients’ relatives and staff, RQIA provided 10 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 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.

During the inspection, several patients were observed within "The Lodge Bistro" where staff were seen providing diversional activities in an enthusiastic and person centred manner. One patient within the area told the inspector: "I love it here." This provision of such person centred care which promotes the emotional and social well-being of patients is commended.

Review of one area named the "Resident Quiet Area" and discussion with care staff highlighted that it was being used by staff for their breaks, rather than by patients. This was discussed with the manager who agreed that use of the area would be immediately reviewed to ensure that it was used appropriately for the benefit of patients. This will be reviewed during a future care inspection.

Observation of the lunch time meal 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. Discussion with kitchen staff evidenced good awareness of the holistic and nutritional needs of patients. It was noted that one staff member was assisting a patient with their meal from a standing position and it was agreed with the manager that the need for staff to maintain a dignified approach when providing such assistance would be stressed to staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff communication with patients and the provision of social stimulation for patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 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 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 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 manager that any expression of dissatisfaction should be recorded appropriately as a complaint.

Discussion with the 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.

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

Discussion with the 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.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. Quality of life (QOL) audits were also completed daily by the registered manager in order to monitor patient satisfaction with nursing care and to help quality assure service delivery. The manager stated that there is an intention to increase the number of 'Resident TRaCA's' (Thematic Resident and Care Audits) from one care record per week to one per unit per week. The manager stated that this increase has the aim of improving and quality assuring care recording and care delivery to patients.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance processes which focus on quality assurance and care delivery.

Areas for improvement

No areas for improvement were identified during the inspection.

	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 Claire Quail, 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) (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: The Registered Manager will ensure that all chemicals are stored in keeping with COSHH regulations. The identified keypads have been replaced and doors are locked accordingly. This will be spot checked by Registered Manager during daily walkabouts and evidenced in report.</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: New clothes protectors have been purchased. The disposal of the clothes protectors will be closely monitored by the Registered Manager during dining audits to minimise the risk and spread of infection.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 12 (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 enteral care for all patients:</p> <ul style="list-style-type: none"> • that care plan(s) are in place which accurately describe the assessed needs of patients • that all related supplementary records accurately reflect the current enteral regimen • that all out of date enteral feeding documentation is archived in a timely manner <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The Registered Manager will ensure that the plan of care reflects the patients needs as per recommendations of the dietician.</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>Area for improvement 1</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all rooms within the home are safe, well maintained and remain suitable for their stated purpose. This relates specifically to the identified hairdressing salon.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The Registered Manager will ensure that all rooms are in use for identified purposes only. The hairdressing salon has been provided with a lockable cupboard.</p>
<p>Area for improvement 2</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 management of patients requiring a modified diet:</p> <ul style="list-style-type: none"> • that dietary care plan(s) and related risk assessments are completed in a timely manner • that all related supplementary records are shared with kitchen staff (for ongoing reference by kitchen staff) in a timely manner <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The Registered Manager will ensure that all risk assessments are completed following admission within FSHC protocol and that the relevant assessments are shared with catering staff in a timely manner.</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 that a robust system is in place for the provision of oral care to patients. Such care delivery should be documented by staff in an accurate and contemporaneous manner at all times.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The Registered Manager will ensure that the provision of oral care for the patients identified will be documented accurately and will monitor compliance.</p>

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



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