



Unannounced Care Inspection Report 20 November 2018



Slieve Dhu

Type of Service: Nursing Home (NH)
Address: 43 Bryansford Road, Newcastle, BT33 0DW
Tel No: 0284372 5118
Inspector: Heather Sleator

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 and residential care for up to 47 persons.

3.0 Service details

Organisation/Registered Provider: Slieve Dhu Ltd Responsible Individual(s): Micheal Rodgers	Registered Manager: Mandy Lacey
Person in charge at the time of inspection: Mandy Lacey	Date manager registered: 11 March 2015
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. 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: 47 There shall be a maximum of 4 named residents receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 20 November 2018 from 08.50 to 17.25 hours.

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

The term 'patient' is used to describe those living in Slieve Dhu which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing and staff development and adult safeguarding. There were examples of good practice found throughout the inspection in relation to assessment of patient need, the management of nutrition and hydration and wound care management. Good practice was observed in relation to the culture and ethos of the home, mealtimes and the provision of activities.

Areas for improvement were identified under the care standards in relation to; competency and capability assessments for the nurse in charge of the home, the auditing of accidents and patient care records, maintaining an accurate staff training record, confidentiality of patient information and patients who require a modified diet are afforded choice at mealtimes.

Patients described living in the home in positive terms. Comments included, “staff are full of fun, and we have some great laughs.” 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	0	6

Details of the Quality Improvement Plan (QIP) were discussed with Mandy Lacey, 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 7 September 2018

The most recent inspection of the home was an unannounced finance inspection undertaken on 7 September 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

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

During the inspection the inspector met with 18 patients, one patient’s relative and eight staff. Questionnaires were also left in the home to obtain feedback from patients and patients’ representatives. Ten patients’ questionnaires and ten patients’ relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with ‘Have we missed you cards’ which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

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

The following records were examined during the inspection:

- duty rota for all staff from 29 October to 20 November 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- four patient care records
- four patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 7 September 2018

The most recent inspection of the home was an unannounced finance inspection.

The completed QIP was returned and approved by the finance inspector.

6.2 Review of areas for improvement from the last care inspection dated 12 December 2017

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 19 (1) (a) schedule 3 (3) (k) Stated: Second time	The registered person must ensure that supplementary care records are completed in full, in a timely manner and a system is put in place to monitor this. Particular attention should focus on the accurate completion of bowel management records.	Met
	Action taken as confirmed during the inspection: The review of the supplementary care records evidenced that these had been completed in a timely manner. Registered nurses review the supplementary care records on a daily basis and pertinent information is transcribed to the patient's care records.	
Area for improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: Second time	The registered person must ensure that completed supplementary care records are reviewed on a daily basis and actions taken in response to address any areas of concern are clearly indicated within the patients' care records.	Met
	Action taken as confirmed during the inspection: The review of the supplementary care records and patient care records evidenced that registered nurses review the supplementary care records on a daily basis and pertinent information is transcribed to the patient's care records.	
Area for improvement 3 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.	Met
	Action taken as confirmed during the inspection: Observation of the environment evidenced that robust infection prevention and control measures were in place and adhered to by all staff.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35 Stated: First time	The registered person shall ensure that competency and capability assessments are signed and dated by the registered nurse on completion and include evidence of oversight from the registered manager of completion.	Met
	Action taken as confirmed during the inspection: The review of the competency and capability assessments evidenced that they were signed and dated by the registered nurse on completion and included evidence of oversight from the registered manager of completion. However, an area for improvement regarding the assessments was identified, refer to 6.4.	
Area for improvement 2 Ref: Standard 45 Stated: First time	The registered person shall ensure that pressure relieving equipment used within the home is used safely and in accordance with the manufacturer's guidelines. This is in reference to the correct pressure settings on patients' air mattresses and a system to ensure that pressure mats in use in the home are functioning correctly.	Met
	Action taken as confirmed during the inspection: The registered manager had established an auditing system in respect of pressure relieving equipment. All required information was present.	
Area for improvement 3 Ref: Standard 35 Stated: First time	The registered person shall ensure that infection prevention and control auditing records contain evidence of the rooms/areas which are audited for traceability and that action plans are developed/reviewed to address shortfalls identified during audit.	Met
	Action taken as confirmed during the inspection: A review of the infection prevention and control (IPC) audit evidenced that the IPC audit had been revised and where shortfalls were identified remedial action plans were put in place to address the shortfall.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 29 October to 20 November 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients, comments included; "good staffing levels, can't complain." We also sought staff opinion on staffing via the online survey however there were no questionnaires completed and returned by staff.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Slieve Dhu. Comments received from patients included; "staff are full of fun, we have some great laughs" and "very happy here".

We also sought relatives' opinion on staffing via questionnaires. Twelve questionnaires were returned and all 12 relatives indicated that they were satisfied with the care and supported afforded by staff to patients.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We reviewed the competency and capability assessments for the nurse in charge of the home. Whilst the assessments evidenced that the registered manager had validated the assessment and deemed the registered nurse competent to be in charge of the home, the content of the assessment was not robust and should be revised to include the full range of duties required of the nurse in charge of the home in the absence of the registered manager. This has been identified as an area for improvement under the care standards.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training was delivered through face to face interactive sessions. However, the staff training matrix did not include the names of staff who has commenced in the home earlier in the year for example; May and August 2018. Whilst these staff had completed initial induction training they should also be included in the overall record so as to monitor staffs' compliance with mandatory training. This has been identified as an area for improvement under the care standards. The registered manager and staff confirmed that systems were in place to ensure staff received annual appraisal and regular supervision.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of four patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records for the period August to October 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation. Discussion with the registered manager and review of records confirmed that on a monthly basis, accidents which occurred were reviewed via auditing. However, the audit should be enhanced to evidence that all accidents, including falls, were analysed to identify if any patterns or trends were emerging. This has been identified as an area for improvement under the care standards. Records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example; bed rails and alarm mats. Evidence was present of the regular monitoring and auditing of the use of bedrails and of alarm mats.

Observation of practices evidenced that infection prevention and control (IPC) measures were generally adhered to. We observed that staff appropriately used personal protective equipment (PPE) and that there was sufficient stock of personal protection equipment in the home.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm and clean throughout. We observed that names and information relating to patients were written on notice boards which could be viewed by other patients, relatives or visitors to the home. Any information relating to patients must be kept securely and confidentially. This has been identified as an area for improvement under the care standards.

Fire exits and corridors were observed to be clear of clutter and obstruction. The registered manager stated the most recent fire risk assessment had been completed on 20 December 2017 and any actions identified had been addressed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, induction, supervision and appraisal, adult safeguarding and the home's environment.

Areas for improvement

Areas for improvement were identified under regulation regarding evidencing staffs' compliance with mandatory training, the safe and secure storage of patient information, a more comprehensive competency and capability assessment should be developed and the auditing of accidents should be more robust and evidence a thematic review.

	Regulations	Standards
Total number of areas for improvement	0	4

6.5 Is care effective?

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

Review of four patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, management of falls and wound care. Care records generally contained details of the care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

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We discussed the monitoring of patients' weights and were informed that all patients were weighed a minimum of a monthly basis. The registered manager stated that if a patient has a weight loss of between five and 10 percent that they are referred to the patient's General Practitioners (GPs) and to the dietician. The South Eastern Health and Social Care Trust have implemented a 'virtual ward round' with the dietetics team in the trust called Project Model Malnutrition Model (PAAT). Dieticians monitor patients who have a weight loss on a weekly basis. We reviewed the management of nutrition for one patient. A nutritional risk assessment was completed monthly; a care plan for nutritional management was in place. Food and fluid intake charts were maintained with fluid intake reconciled on a 24 hour basis.

We reviewed the management of falls for one patient. Falls risk assessments were completed and reviewed regularly. Care plans for falls management were in place and were reviewed for each patient following a fall.

We reviewed the management of wound care for one patient. Care plans contained a description of the wound, location and the dressing regime. Wound care records evidenced that dressing regimes were adhered to. Wound care management was in accordance with professional and care standards. Records evidenced that patients were assisted to change their position for pressure relief in accordance with their care plans.

Care records generally reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician changed.

A system of auditing patient care records on a regular basis had been established. The review of the audits did not evidence that the registered manager had validated that where shortfalls had been identified that the remedial action required had been completed. This has been identified as an area for improvement under the care standards.

Discussion with staff evidenced that nursing and care assistants were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. There was evidence of communication with patients, relatives and staff and information boards in the home displayed up and coming events and photographs of social events. Patients were also supported by a small group of volunteers who visit regularly and help with social activities and outings.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to assessment of patient need, the management of nutrition, falls and the delivery of wound care.

Areas for improvement

An area was identified for improvement regarding the auditing of patient care records.

	Regulations	Standards
Total number of areas for improvement	0	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.

We arrived in the home at 08:50. Patients were enjoying their breakfast in the dining rooms or in their bedrooms as was their personal preference; some patients remained in bed, again in keeping with their personal preference. There was a calm atmosphere throughout the home.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with 18 patients individually and with others in smaller groups, confirmed that patients were generally satisfied with the care afforded by staff. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. We observed that patients who remained in bed had their nurse call bell placed close at hand. We observed that an alarm mat in one patient's bedroom was not working. This was brought to the attention of the registered manager who addressed the issue.

Patients said that they were generally happy living in the home. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

We observed the approach of staff and interaction and engagement with patients during the serving of the midday meal. This was a positive experience for patients. Staff were attentive providing assistance and prompts to patients during the meal service, quietly and sensitively. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks. Registered nurses were present in the dining room during the meal service, monitoring and supervising the nutritional intake of patients.

An area for improvement was identified in respect of the mealtime arrangements. We observed that patients who required a modified diet were not afforded a choice of meal. All patients should be offered a choice of meal in accordance with their personal preference and/or known likes and dislikes. This has been identified as an area for improvement under the care standards.

Discussion with patients and staff and review of the activity programme evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Patients spoke highly of the activities on-going in the home. The home has three activities coordinators and a varied and full activities programme was in place. There was also a network of volunteers who support the patients and the home regarding activities and social engagement. We observed that whilst staff were involved in a number of duties they made time to spend and engage with patients.

We spoke with patients and comments included:

"Very good here, nice place."

"Very content, the whole lot of them (staff) are very good."

"Staff are full of fun, we have some great laughs."

"Very good here, I've made some friends."

"I like it here."

"I would recommend this home to anyone."

"They look after me very well."

"Very pleasant here, just like home really."

"Have to say the staff are very good here."

Staff commented positively about the home and stated:

“It’s very homely here.”

“Very cosy home.”

“We are well supported by the manager.”

“Good staffing levels, can’t complain.”

Relative questionnaires were also provided. We received 12 completed questionnaires within the timescale specified. Five respondents were very satisfied that the care provided by staff was safe, effective and compassionate and that the home was well led. The remaining respondent was satisfied with across the four domains. Additional comments included:

“Happy with most things.”

“Doesn’t like the food but can’t complain, it’s not home.”

“Happy with all aspects of care.”

“Happy with all care.”

Staff were asked to complete an online survey; we received no responses within the timescale specified.

Any comments from relatives and staff in returned questionnaires or online responses received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, mealtimes and the provision of activities.

Areas for improvement

An area was identified for improvement in relation to ensuring patients who require a modified diet are afforded choice at mealtimes

	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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in the management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Staff commented positively on the support and leadership provided to date by the registered manager. Discussion with staff confirmed that there were good working relationships and that management were supportive and that they were satisfied with the staffing arrangements.

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 explained that diversity and equality of opportunity for patients was supported by staff; any training required by staff to support patients, would be provided as required.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices, care records and hygiene arrangements. In addition measures were also in place to provide the registered manager with an overview of the management of infections and wounds occurring in the home. However, areas for improvement have been identified in relation to governance arrangements, refer to 6.4 and 6.5.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents, quality improvement and maintaining good working relationships...

Areas for improvement

No areas for improvement were identified during the inspection.

	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 Mandy Lacey, 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 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 41.7</p> <p>Stated: First time</p> <p>To be completed by: 7 January 2019</p>	<p>The registered person shall ensure that the competency and capability assessment for the nurse in charge of the home in the absence of the registered manager is comprehensive and reflects the duties required of the nurse in charge.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A new competency and capability assessment has been devised and disseminated to all relevant staff for completion</p>
<p>Area for improvement 2</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 7 January 2019</p>	<p>The registered person shall ensure that the information contained on the staff training matrix includes all staff so as accurate information is maintained and available.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A new system has been devised to ensure that all new staff are added to the training matrix on the day they start their employment</p>
<p>Area for improvement 3</p> <p>Ref: Standard 22.10</p> <p>Stated: First time</p> <p>To be completed by: 7 January 2019</p>	<p>The registered person shall ensure that the auditing of accidents, including falls, is robust and evidences that a thematic review has taken place.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The Registered Manager will continue to audit time, locations etc of falls and a new template has been implemented so it is clearer that this is being done.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 5</p> <p>Stated: First time</p> <p>To be completed by: Immediate</p>	<p>The registered person shall ensure that patient confidentiality is respected at all times and personal information that identifies individuals is not written on notice boards in public areas of the home.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All identifiable details were removed from notice boards in public areas during the inspection. Staff have been reminded of the importance of confidentiality.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 35.6 and 4.10</p> <p>Stated: First time</p> <p>To be completed by: Immediate</p>	<p>The registered person shall ensure that the auditing of patient care records evidences that the registered manager has validated that remedial action has been taken where shortfalls were identified.</p> <p>Ref: 6.5</p>
<p>Area for improvement 6</p> <p>Ref: Standard 12.13</p> <p>Stated: First time</p> <p>To be completed by: Immediate</p>	<p>Response by registered person detailing the actions taken: The Registered Manager will ensure that nurses are given a timescale to ensure remedial action is taken in a timely fashion so that documentation can be re-audited.</p> <p>The registered person shall ensure that patients who require a modified diet are afforded choice at mealtimes.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Kitchen staff have been asked to ensure that residents who have a modified diet have the same choices as all other residents.</p>

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



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