

## **Unannounced Secondary Care Inspection**

<b>Name of Establishment:</b>	<b>Somerton</b>
<b>Establishment ID No:</b>	<b>1296</b>
<b>Date of Inspection:</b>	<b>21 May 2014</b>
<b>Inspector's Name:</b>	<b>Heather Sleator</b>
<b>Inspection ID</b>	<b>16997</b>

**The Regulation And Quality Improvement Authority**  
**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501**

**1.0 General Information**

<b>Name of Home:</b>	Somerton EMI Private Nursing Home
<b>Address:</b>	77 Somerton Road Belfast BT15 4DE
<b>Telephone Number:</b>	(028) 9077 6786
<b>E mail Address:</b>	somertonnursing@btconnect.com
<b>Registered Organisation/ Registered Provider:</b>	Mr Henry Enda McCambridge
<b>Registered Manager:</b>	Ms Lynda Burton
<b>Person in Charge of the Home at the Time of Inspection:</b>	Ms Lynda Burton
<b>Categories of Care:</b>	Nursing - DE
<b>Number of Registered Places:</b>	26
<b>Number of Patients Accommodated on Day of Inspection:</b>	25
<b>Scale of Charges (per week):</b>	£550.00 per week
<b>Date and Type of Previous Inspection:</b>	Primary Announced 9 May 2013
<b>Date and Time of Inspection:</b>	Unannounced Secondary Inspection 21 May 2014 11:00 – 15:30 hours
<b>Name of Inspector:</b>	Heather Sleator

## **1.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

### **1.1 Purpose of the Inspection**

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

### **1.2 METHODS/PROCESS**

Specific methods/processes used in this inspection include the following:

- discussion with Registered Provider
- discussion with the Registered Nurse Manager
- discussion with staff
- discussion with patients individually and to others in groups
- examination of records pertaining to activities and events
- review of a sample of policies and procedures
- review of a sample of staff training records
- review of a sample of staff duty rotas
- evaluation and feedback
- observation during a tour of the premises

### 1.3 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the requirements and recommendations made as a result of the previous inspection of 9 May 2013. The inspector has rated the home's Compliance Level against each criterion and also against each standard.

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The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 2.0 Profile of Service

Somerton Private Nursing Home is situated on the Somerton Road. It is set in secluded surroundings with mature gardens and is within walking distance of local amenities on the Antrim Road in north Belfast

The nursing home is owned by Mr Henry Enda McCambridge and Mr Paul McCambridge has responsibility for the general management of the home.

The current registered manager is Ms Lynda Burton.

Accommodation for patients/ residents is provided on both floors of the home. Bedrooms both double and single are located on both floors and a passenger lift is provided. All rooms are linked to the nurse call system.

Access to the first floor is via a passenger lift and stairs.

Communal lounge and dining areas are provided at the main entrance area of the home on the ground floor.

The home also provides for catering and laundry services on the ground floor.  
A number of communal sanitary facilities are available throughout the home.  
There is a lawned area to the front of the home, currently this is not an enclosed garden for patients to enjoy.

The home is registered to provide care for a maximum of 26 persons under the following categories of care:

### Nursing care

DE            dementia care

The certificate of registration was clearly displayed in the entrance foyer of the home.

### 3.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Somerton Private Nursing Home. The inspection was undertaken by Heather Sleator on 21 May 2014 from 11:00 to 15:30 hours.

The inspector was welcomed into the home by Lynda Burton, registered manager who was available throughout the inspection. Verbal feedback of the issues identified during the inspection was given to Ms Burton and Mr Paul McCambridge, responsible individual, at the conclusion of the inspection.

During the course of the inspection, the inspector met with patients, staff and one relative. The inspector observed care practices, examined a selection of records, issued patient, staff and representative questionnaires and carried out a general inspection of the nursing home environment as part of the inspection process.

The inspector also spent a number of extended periods observing staff and patient interaction. Discussions and questionnaires are unlikely to capture the true experiences of those patients unable to verbally express their opinions. Observation therefore is a practical and proven method that can help us to build up a picture of their care experience.

As a result of the previous inspection conducted on 9 May 2013 three requirements and four recommendations were issued.

These were reviewed during this inspection. The inspector evidenced that three requirements and two recommendations had been fully complied with. Two recommendations were found to be substantially complied with. Details can be viewed in the section immediately following this summary.

The focus of the inspection was to review the progress made in addressing the requirements and recommendations of the previous inspection. The inspector also undertook a tour of the premises and observed the serving of the midday meal. During the inspection the inspector also met with staff on duty. The inspector found staff to be very caring towards patients and they expressed their desire to increase their knowledge and skills in relation to dementia care practice. This was commendable.

The inspector observed the serving of the midday meal, aspects of which have been identified for improvement in accordance with best practice guidance. The quality of the meal provided was observed to be very good.

The environment at the time of inspection was observed to be clean and fresh. There were no malodours present at the time of inspection. Areas were identified by the inspector and were discussed with Mr McCambridge and Ms Burton. These areas included the lack of a secure outdoor space for patients to enjoy, storage arrangements in the home and updating the home's statement of purpose regarding the locking of doors and/or the use of key coded locking mechanisms.

## Conclusion

The home's general environment was well maintained and patients were observed to be treated with dignity and respect. However, areas for improvement were identified in relation to;

- meals and mealtimes
- the environment
- dementia practice and training

Therefore, four requirements and seven recommendations and two restated recommendation are made. These requirements and recommendations are detailed throughout the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients, registered manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.



#### 4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	29 (5) 9(c )	The registered person must ensure that steps are taken to formally inform patients and relatives about the Regulation 29 unannounced visit reports.	The inspector verified this requirement had been addressed. The inspector observed a notice in the entrance hall informing patients and representatives that the regulation 29 monthly monitoring reports were available to read.	Compliant
2	14 (4)	The registered person must ensure that policies and procedures in relation to safeguarding vulnerable adults include details of recruitment and selection procedures, training available, staff supervision processes, and how to immediately respond should abuse be alleged suspected or witnessed.	The inspector verified this requirement had been addressed. The inspector reviewed the home's policy and procedure in relation to safeguarding of vulnerable adults (SOVA). The information present confirmed the policy had been updated to include the required information. The inspector spoke with the registered nurse on duty who was aware of reporting procedures and contact details. The inspector also spoke with care staff on duty. Staff confirmed they had completed training SOVA procedures and were confident in reporting any perceived safeguarding issues to management.	Compliant
3	12 (1) (b)	The registered person must ensure that the policy and procedure in relation to restraint and restrictive practices is updated to be reflective of legislative guidance and be clear that	The inspector verified this requirement had been addressed. The inspector reviewed the home's policy on restraint/restrictive practice. Evidence was present the policy had been revised and was in accordance with best practice guidance. The inspector spoke with staff on duty in relation to the use of a restrictive practice.	Compliant

		restraint is only used as a last resort and is the only practicable means of securing the welfare of that or any other patient.	Staff were knowledgeable of best practice guidance.	
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	26.1	It is recommended that the registered person reviews policies and procedures to ensure that they are consistent with current working practices, reflect best practice guidelines, and in accordance with requirements of regulatory frameworks and professional bodies. Policies should be dated and signed, and ratified by the responsible person.	The inspector verified this recommendation had been addressed. The inspector randomly selected a number of policies with the policy documentation folder. Evidence was present of policies having been reviewed and updated by the registered manager. Evidence was also present of the date of review, the signature of the registered manager and the date of the next review of the policy.	Compliant
2	26.6	It is recommended that the registered person ensures that policies and procedures are subject to a minimum of a systematic three yearly review.	The inspector verified this recommendation had been addressed. The inspector randomly selected a number of policies with the policy documentation folder. Evidence was present of policies having been reviewed and updated by the registered manager. Evidence was also present of the date of review, the signature of the registered manager and the date of the next review of the policy.	Compliant

3	25.13	It is recommended that the registered person includes details of training undertaken by staff in the annual reports.	The inspector was unable to verify this recommendation had been fully addressed. The annual report for 2013/2014 had not yet been written. The registered manager stated information in relation to training undertaken by staff will be included. This will be reviewed by the inspector at the next inspection.	Substantially Compliant
4	28.4	It is recommended that the registered person formalises arrangements to update care staff in pressure area care.	The inspector was unable to verify this recommendation had been fully addressed. The registered manager stated seven staff had attended in house training on skin care. The inspector reviewed the induction training programme which evidenced that skin care is now included for care staff. However, not all care staff have availed of training in this area, as detailed in staff training records. The registered manager was informed training records should evidence all care staff have completed training in this area.	Substantially Compliant

**4.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

There has been one notification to RQIA regarding safeguarding of vulnerable adults (SOVA) incidents since the previous inspection. The incident was being managed in accordance with the regional adult protection policy by the safeguarding team within the Belfast Health and Social Care Trust.

## 6.0 Additional Areas Examined

### 6.1 Meals and Mealtimes

The inspector observed the serving of the midday meal. The home has one dining room. Meals were served to the majority of patients in the dining room; a small number of patients had their meals either in one of the lounges or in their bedroom. The meal served at the time of inspection was; savoury mince and onions or chicken and breadcrumbs, cabbage and carrots and creamed potatoes. Dessert was banana and toffee cake and ice-cream.

The following areas were discussed with Ms Burton and Mr McCambridge at the conclusion of the inspection;

- Midday meal was served at 12:15; the inspector was informed the evening meal was served at 16:30. The nutritional guidelines for residential and nursing homes states the evening meal should not be served before 17:00 hours
- table presentation was not in keeping with dementia guidelines. Dining tables had gingham checked oilcloths, black rubber placemats, no napkins, plastic glasses were 'cloudy', and crockery was white. Therefore there was limited colour contrast for persons with dementia to maximise independence whilst eating
- one care assistant was observed to be feeding two patients
- deserts were set in front of patients whilst still eating their main course
- deserts were set at the serving hatch (small hatch) for staff to lift for patients. Staff were bringing up main course plates and scrapping waste off the plates beside the deserts. This was not a good arrangement
- the menu was displayed however the font was too small for patients to read. A pictorial menu in a file was present however the inspector did not see staff reference the file
- two patients had their meal in the lounge. Care staff took the main course, by hand, and placed it on a table in front of the patients. A glass of juice was also provided. A tray was not used to transport the meal, the meal was uncovered and the table was not set i.e. no condiments, napkins or placemat
- the dining room was decorated in a half and half style i.e. lower part of wall painted vibrant lilac colour and top part of wall patterned wallpaper. In the inspector's professional opinion and dementia practice guidelines the colour schemes in the dining room and dining tables 'clashed'. This was not conducive for persons with dementia.
- the notice board was a white 'nobo' style board with black lettering. The white board had been written on previously and was now grey; again it would be difficult for persons with dementia to read the information on the board. The board was not colourful or interesting.
- at 12:30 the inspector observed the afternoon tea trolley had been set up. Yoghurts had already been placed on the trolley from the fridge. Afternoon tea is not served until 15:00 hours. Dairy produce should not be taken out of the fridge until the point of serving.

As previously stated the findings were discussed with Ms Burton and Mr McCambridge. Mealtimes are a focal point of the day for patients and the findings of the inspection should be discussed with staff and action taken to enhance the dining experience for patients. Recommendations have been made.

## 6.2 The Environment

The inspector undertook a tour of the premises accompanied by the registered manager. The home was found to clean and fresh smell. There were no malodours evident on the day of inspection. Bedrooms were found to be bright and the registered manager stated many had recently been repainted. The following observations were discussed with Ms Burton and Mr McCambridge.

- The home is registered for 26 patients, 5 bedrooms were shared rooms therefore 38% of patients have shared bedroom accommodation.
- in three of the bedrooms the inspector observed one bed to be in the 'head to toe' position, the registered manager stated this was either at the patients or families request. However, privacy in shared accommodation can be problematic and this positioning of beds does not facilitate privacy. Nursing staff should also undertake assessment of need/risk assessment when consenting for beds to be placed in positions whereby privacy can be compromised.
- arrangements on the ground floor are unusual. There is one bathroom and two single toilets. The single toilets appear as ensuite facilities for two bedrooms. The registered manager stated initially they were ensuite facilities but then clarified later in the inspection they were not ensuite facilities. It was stated that as there was a door to the bedroom adjacent to the toilet there were no privacy issues.
- the shower room on the first floor is used as a storeroom; the registered manager stated patients prefer to be bathed. However, patients should have a choice as to whether they prefer a shower or a bath. Designated areas in the home should retain their purpose. If the purpose changes RQIA should be informed or consulted for advice.
- there is a hazard strip across the bottom the main stairs to discourage patients from using the stairs. The door at the top of the stairs has a key pad style lock. The home's statement of purpose should reflect the use of key coded locks as these mechanisms are deemed restrictive practice. Risk assessments should be present to verify the need for these mechanisms.
- there is no secure garden area for patients. There is extensive lawn to the front of the home, with a tarmac area between front door and lawn area. However, delivery vans use the tarmac drive to drop off deliveries therefore no safe access for patients unless accompanied by staff. There is no fencing around the garden area.

A requirement has been made that a secure garden area should be made available for patients to use and enjoy. There are many guidance documents and information available on providing a garden for person with dementia from various sources including organisations and the internet.

The designated shower room on the first floor should be cleared of storage and a recommendation has been made.

### **6.3 Dementia Practice.**

The inspector observed practice throughout the course of the inspection and spoke with staff on duty. Staff were found to be caring and enthusiastic. In discussion staff informed the inspector they had limited opportunities or had not availed of training in dementia care. This had previously been discussed with the registered manager who informed the inspector it can be difficult, at times, getting staff to attend arranged training.

The Nursing Homes Regulations (Northern Ireland) 2005 states that the home shall provide treatment and any other services to patients which meets individual needs and current best practice. A requirement has therefore been made that staff, including the registered manager and responsible individual, undertake training in the care of persons with dementia to facilitate best practice in dementia care.



## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Lynda Burton, registered manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

**Heather Sleator  
The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT**



The Regulation and  
Quality Improvement  
Authority

## Quality Improvement Plan

### Unannounced Secondary Inspection

Somerton Nursing Home

21 May 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Lynda Burton, registered manager, at the conclusion of the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**Statutory Requirements**

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	27 (2) (o)	<p>The registered person shall, having regard to the number and needs of the patients ensure that –</p> <p>(o) secure and safe outdoor space with seating, accessible to all patients is provided and appropriately maintained.</p> <p><b>Ref: Additional areas examined, 6.2 The Environment</b></p>	One	The Registered Provider has contacted RQIA with regards to this requirement. Any work required will be completed.	Three months
2	12 (1) (a) (b)	<p>The registered person shall provide treatment, and any other services to patients in accordance with the statement of purpose, and shall ensure that the treatment and other services provided to each patient –</p> <p>(a) meet his individual needs</p> <p>(b) reflect current best practice</p> <p><b>Ref: Additional areas examined</b></p>	One	Treatment and provision of services to patients are in accordance with the statement of purpose, meet individual needs and reflect current best practice	From the time of the inspection



3	20 (1) (c) (i)	<p>The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients –</p> <p>(c) ensure that persons employed by the registered person to work in the nursing home receive –</p> <p>(i) appraisal, mandatory training and other training appropriate to the work they are to perform</p> <p><b>Ref: Additional areas examined, 6.3 Dementia Practice</b></p>	One	Staff have been advised of appropriate training with regards to Dementia Practice. Dates of Trust training have been provided for October this year. An E learning programme has also been sought for those who cannot attend this training. All staff have been advised of the completion date for training.	Six months
4	10	<p>(1) The registered provider and the registered manager shall, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill</p> <p>(2) If the registered provider is (b) an organisation, it shall ensure that the responsible individual undertakes; From time to time such training as is appropriate to ensure that he has the experience and skills necessary for carrying on the nursing home.</p>	One	Both the Registered Provider and the Registered Manager will complete appropriate training in relation to Dementia Practice within the timescale given	Six months

		<p>(3) The registered manager shall undertake from time to time such training as is appropriate to ensure he has the experience and skills necessary for managing the nursing home.</p> <p><b>Ref: Additional areas examined, 6.3 Dementia Practice</b></p>			
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**Recommendations**

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	25.13	It is recommended that the registered person includes details of training undertaken by staff in the annual reports.  <b>This recommendation is restated from the previous inspection report.</b>	Two	The annual report has recently been completed and includes details of all training undertaken by staff	Two months
2	28.4	It is recommended that the registered person formalises arrangements to update care staff in pressure area care.  <b>This recommendation is restated from the previous inspection report.</b>	Two	All staff have received pressure area care during their induction. Updates will be given within the timescale	Two months
3	12 and Nutritional guidelines and menu checklist for residential and nursing homes.	It is recommended the interval between the evening snack and breakfast the next morning should not be more than 12 hours. Consideration should be given to moving the timing of the evening meal to 17:00 hours from 16:30 hours.  <b>Ref: Additional areas examined, 6.1 Meals and mealtimes</b>	One	Timing of the evening meal has been changed to a later time. A snack has always been provided to all residents following this and given by the evening staff and a further snack is also provided by the night staff	One month



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3	12 and Nutritional guidelines and menu checklist for residential and nursing homes.	It is recommended the interval between the evening snack and breakfast the next morning should not be more than 12 hours. Consideration should be given to moving the timing of the evening meal to 17:00 hours from 16:30 hours.  <b>Ref: Additional areas examined, 6.1 Meals and mealtimes</b>	One	Timing of the evening meal has been changed to a later time. A snack has always been provided to all residents following this and given by the evening staff and a further snack is also provided by the night staff	One month

4	1.1	<p>It is recommended the values that underpin the standards inform the philosophy of care and staff consistently demonstrate the integration of these values within their practice.</p> <p>The appearance of dining tables and crockery used should enhance patients' independence at mealtimes.</p> <p><b>Ref: Additional areas examined, 6.1 Meals and mealtimes</b></p>	One	New place mats have been provided along with salt and pepper condiments. Napkins and new glasses have also been provided.	From the time of the inspection
5	12.4	<p>It is recommended the daily menu is displayed in a suitable format and in an appropriate location, so that patients, and their representatives, know what is available at each mealtime.</p> <p><b>Ref: Additional areas examined, 6.1 Meals and mealtimes</b></p>	One	The daily menu is displayed in a suitable format and location along with pictorial menus	From the time of the inspection
6	12.10	<p>It is recommended there are adequate numbers of staff present when meals are served to ensure:-</p> <ul style="list-style-type: none"> <li>• risks when patients are eating and drinking are managed</li> <li>• required assistance is provided</li> </ul> <p><b>Ref: Additional areas examined, 6.1 Meals and mealtimes</b></p>	One	There are adequate numbers of staff present including a nurse to manage risks when patients are eating and drinking and to provide assistance when required.	From the time of the inspection



7	12.10	<p>It is recommended that the arrangements at the serving hatch are revised so as desserts are not left beside receptacles for food waste</p> <p>Food being transported to patients who do not take their meals in the dining room should be taken on a tray which has been properly set with napkins and condiments. Food should be covered when being transported.</p> <p>Deserts should not be placed in front of patients when they are still eating their main course.</p> <p>Dairy produce should not be placed on trolleys until the point of serving.</p> <p><b>Ref: Additional areas examined, 6.1 Meals and mealtimes</b></p>	One	<p>Arrangements at serving hatch have been revised with cook and staff and desserts now placed separately from food waste.</p> <p>Residents not receiving meals in dining rooms now have their meals placed on a tray and covered.</p> <p>Deserts are not now placed in front of residents until main meal is completed.</p> <p>Dairy produce remain in fridge now until point of serving.</p>	From the time of the inspection
8	34.3	<p>It is recommended that storage should be cleared out of the upstairs shower room so as patients may have a shower, if they so wish.</p> <p><b>Ref: Additional areas examined, 6.2 The Environment</b></p>	One	<p>Storage has been cleared out of upstairs shower room and residents now have the choice of a bath or shower.</p>	From the time of the inspection

9	25.7	<p>It is recommended the statement of purpose is reviewed and updated to include the rationale for restrictive practice i.e. key coded locking mechanisms present in the home and the locking of the front door.</p> <p><b>Ref: Additional areas examined, 6.2 The Environment</b></p>	One	<p>The statement of purpose has been reviewed and updated to include the rationale for key coded mechanisms present in the Home and the locking of the front door.</p>	One month
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed, registered manager and approved by the responsible person / identified responsible person and return to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk)

<b>Name of Registered Manager Completing Qip</b>	Lynda Burton
<b>Name of Responsible Person / Identified Responsible Person Approving Qip</b>	Paul McCambridge

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	✓	Heather Slater	07/07/14
Further information requested from provider			

Unannounced Secondary Inspection, Somerton, 21 May 2014