

Unannounced Care Inspection Report 7 March 2017



Somerton Private Nursing Home

Type of Service: Nursing Home
Address: 77 Somerton Road, Belfast, BT15 4DE
Tel no: 028 9077 6786
Inspector: Heather Sleator

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Somerton Private Nursing Home took place on 7 March 2017 from 10.00 to 16.30 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There was evidence of the safe delivery of care. Staff were required to attend mandatory training and the observation of care delivery evidenced that knowledge and skill gained, through training, was embedded into practice. .

Staffing arrangements were satisfactory. Staff confirmed that there was a system of annual appraisal and supervision in place however one staff member stated communication in the home was not good, refer to section 4.5. A more robust system for monitoring the registration of care staff with the Northern Ireland Social Care Council (NISCC) had been established and recruitment and selection procedures were in accordance with legislative requirements. There were no requirements or recommendations made.

Is care effective?

There was evidence, over time, of positive outcomes for patients. All staff demonstrated a level of commitment to ensuring patients received the right care at the right time. The serving of the midday meal was observed and recommendations have been made regarding the recording of patients' menu choice and the availability of information for catering staff of patients' food preferences. Observation of the serving of the midday meal evidenced there had been an improvement and mealtimes were undertaken in a calm and systematic manner.

The review of patient care records evidenced that improvements were necessary regarding the reporting on patients' wellbeing in the progress records. A recommendation has also been made regarding the recording and reporting of patients' continence needs. Four recommendations have been made.

Is care compassionate?

Staff interactions with patients were observed to be caring and timely. Staff demonstrated a detailed knowledge of patients' wishes and preferences. Staff commented that staff morale and communication in the home was not good and a recommendation has been made. A relative commented positively on the care afforded to his relative and a visiting professional stated staff were very friendly, especially Bridie the activities coordinator.

Refer to section 4.5 for comments received from patients, a relative, a visiting professional and staff. One recommendation has been made.

Is the service well led?

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

There was evidence that more robust management systems had been established in the home and that the services provided by the home were regularly monitored. A requirement in respect of the registered manager ensuring that from time to time, training is undertaken, as appropriate, to ensure the necessary competence and skills for managing the nursing home, was not reviewed on this occasion and is carried forward for review at the next inspection..

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1*	5

*Refer to a requirement carried forward for review at the next inspection.

Details of the Quality Improvement Plan (QIP) within 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.

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

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 6 January 2017. There were no further actions required to be taken following the most recent inspection. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Paul McCambridge Henry McCambridge	Registered manager: Lynda Burton
Person in charge of the home at the time of inspection: Lynda Burton	Date manager registered: 17 July 2013
Categories of care: NH-DE	Number of registered places: 26

3.0 Methods/processes

Prior to inspection we analysed the following information:

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

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with 13 patients, three care staff, two registered nurses, domestic and catering staff, the activities coordinator, a visiting professional and one relative.

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

The following were examined during the inspection:

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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 6 January 2017

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

4.2 Review of requirements and recommendations from the last care inspection dated 11 August 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 21 Schedule 2 Stated: First time	<p>The registered provider must ensure that the recruitment and selection procedures are completed in accordance with regulatory requirements and employment legislation.</p> <p>Action taken as confirmed during the inspection: Three staff personnel files were reviewed. Evidence was present that recruitment and selection procedures were in accordance with regulatory requirements.</p>	Met
Requirement 2 Ref: Regulation 21 Schedule 2 (5) Stated: First time	<p>The registered provider must ensure that a robust system is established to regularly monitor the registration of staff with their professional bodies.</p> <p>Action taken as confirmed during the inspection: The review of the system to monitor the registration status of registered nurses and care staff evidenced that a more robust system had been established.</p>	Met
Requirement 3 Ref: Regulation 20 (1) (c) (i) Stated: First time	<p>The registered provider must ensure newly appointed staff complete induction training in a timely manner and evidence is present of the full completion of the induction training programme that has been validated by all relevant parties.</p> <p>Action taken as confirmed during the inspection: The review of three staff personnel files evidenced that induction training had been completed in a timely manner and on completion was signed by the staff member and the registered manager.</p>	Met

<p>Requirement 4</p> <p>Ref: Regulation 20 (3)</p> <p>Stated: First time</p>	<p>The registered provider must ensure that a competency and capability assessment for registered nurses has been completed, in full, and is personalised to the individual.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The review of five competency and capability assessments for registered nurses were viewed. Evidence was present that the assessments had been recently reviewed and were signed by the individual and the registered manager.</p>		
<p>Requirement 5</p> <p>Ref: Regulation 27 (4) (c)</p> <p>Stated: First time</p>	<p>The registered provider must ensure that fire routes and exits in the home are kept clear and unobstructed at all times.</p> <p>Ref: section 4.4</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Fire routes and exits were observed to be clear and unobstructed at the time of the inspection.</p>		
<p>Requirement 6</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered provider must ensure that there are robust systems established to monitor infection prevention and control procedures are adhered to in all areas of the home. Cleaning schedules must evidence the cleaning regime of the kitchen area, including the regular cleaning of the cooker.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Cleaning schedules for the home, including the kitchen area, and infection prevention and control audits were reviewed. Evidence was present that a robust monitoring system had been established. The kitchen area was viewed and a good standard of cleanliness and hygiene was present.</p>		
<p>Requirement 7</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p>	<p>The registered provider must ensure that care plans are written, in consultation with the patient and/or representative in a timely manner and in accordance with the DHSSPS Care Standards for Nursing Homes 2015.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The review of three patient care records evidenced that care plans had been written in a timely manner and a regular auditing system had been established by the registered manager.</p>		

<p>Requirement 8</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p>	<p>The registered provider must ensure that the governance and leadership arrangements in the home are robust and in accordance with regulatory requirements and professional and best practice guidelines.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that a more robust approach to the governance arrangements in the home had been established. A range of quality audits were completed on a monthly basis and where shortfalls were identified remedial action had been taken.</p>		
<p>Requirement 9</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p>	<p>The registered person and the registered manager must ensure that from time to time, training is undertaken, as appropriate, to ensure the necessary competence and skills for managing the nursing home.</p>	Not Assessed
<p>Action taken as confirmed during the inspection:</p> <p>This requirement was not assessed on this occasion and is carried forward for review at the next inspection.</p>		
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 37.3</p> <p>Stated: First time</p>	<p>The registered provider should ensure any records required under The Nursing Homes Regulations (Northern Ireland) 2005 are accurate and available for inspection at any time.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>Records which were requested, as part of the inspection process, were available for review.</p>		
<p>Recommendation 2</p> <p>Ref: Standard 43</p> <p>Stated: First time</p>	<p>The registered provider should undertake an audit of the environment to ensure the environment for persons with dementia is in keeping with best practice guidance for dementia care. Where a deficit is identified an action plan, with timescale for completion, should be written to action the deficit.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>A range of audits were completed by the manager and available for review. Whilst the audits were not specifically in relation to dementia there was evidence of good practice, for example; signage throughout the home.</p>		

<p>Recommendation 3</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The registered provider should provide face to face training for staff in accordance with the Adult Safeguarding and Protection in Partnership 2015 policy and procedural guidance. The home's policy should be reviewed and revised in accordance with the new policy and procedural guidance.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The review of the policy documentation evidenced the policy had been updated in accordance the Adult Safeguarding and Protection in Partnership 2015 procedural guidance. The review of staff training records evidenced that staff had all completed safeguarding training. The training was not face to face, staff did not raise any issues in relation to adult safeguarding.</p>		
<p>Recommendation 4</p> <p>Ref: Standard 4.2 and 7.1</p> <p>Stated: First time</p>	<p>The registered provider should ensure a system is established to evidence that the opinions of, and consultation with, patients and/or representatives takes place regarding the quality of nursing and other services provided by the home.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Care reviews take place on an annual basis with relatives and the patients in attendance, as far as possible. The registered manager stated that there is regular verbal communication between relatives and staff in the home. Relatives meetings had been scheduled in the past however attendance was poor. A quarterly newsletter had been developed and issued. A quality survey with relatives is undertaken on an annual basis, the last survey being in April 2016.</p>		
<p>Recommendation 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered provider should ensure that the dining experience for patients is audited on a regular basis, from a dementia perspective, to ensure mealtimes are a pleasurable experience for patients.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Dining audits were undertaken on a regular basis. The serving of the midday meal was observed and there were no concerns or issues in respect of the meal service evident.</p>		

Recommendation 6 Ref: Standard 7 Stated: First time	The registered provider should ensure that systems are established regarding the communication systems in the home to informing patients, representatives and visitors about the life of the home for example.	Met
	Action taken as confirmed during the inspection: A newsletter had been developed to keep relatives informed of the life of the home. The newsletter was also displayed on the notice board at the entrance to the home.	

4.3 Is care safe?

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. Review of the staffing rota from 27 February to 12 March 2017, evidenced that the planned staffing levels were adhered to. In the absence of the registered manager a registered nurse is designated as the person in charge of the home. Competency and capability assessments for the nurse in charge of the home were current and reflected the responsibilities of the position. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Discussion with patients, relatives and staff evidenced that there were no concerns regarding staffing levels.

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

Discussion with staff and a review of the staff training records confirmed that the registered manager had a system in place to monitor staff compliance with mandatory training requirements. A review of staff training records confirmed that staff completed e-learning (electronic learning) modules on a range of topics including; medicines management, fire safety, food safety, health and safety, infection prevention and control, moving and handling and adult prevention and protection from harm.

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

The staff consulted with were knowledgeable about their specific roles and responsibilities in relation to adult safeguarding. The review of staff training records evidenced that 75 percent of staff had completed adult safeguarding training, this equated to 18 of the 24 staff employed had completed the online training. The registered manager gave assurances that the remaining staff would complete their training as a priority. The complaints and safeguarding records provided evidence of incidents. A review of the records identified that concerns had been logged appropriately. A review of documentation confirmed that any potential safeguarding concern was managed appropriately and in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

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

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

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean and tidy. The corridors had been repainted and the home appeared brighter. A shower room upstairs had been refurbished and the registered person stated the stair and landing carpet will be replaced in the near future. Infection prevention and control measures were adhered to and equipment was stored appropriately. Fire exits and corridors were maintained clear from clutter and obstruction.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that registered nurses, assessed, planned, evaluated and reviewed care, with one exception. The progress record within patient care records evidenced that on occasions recording was generalised, for example; "(patient) can be a bit challenging at times" and "(patient) drank fairly well". Recording should be specific and if a patient is being described as 'challenging' the record should state in what way, how the behaviour can be diffused and the patient's response to any intervention. Registered nurses should also be specific when commenting on a patient's fluid intake. A recommendation has been made.

Supplementary care charts such as repositioning and food and fluid intake records evidenced that care was delivered and records were maintained in accordance with best practice guidance, care standards and legislative requirements. There was one exception; the review of the continence management record did not provide sufficient information. The record stated yes or no as to whether patients had been assisted to the toilet at various times during the day. The record did not state an outcome and a recommendation has been made. Repositioning charts evidenced the frequency of repositioning and there were no obvious 'gaps' in recording. A consistent approach to the recording of patients' fluid intake was evidenced, including the recording of any prescribed supplement. There was evidence that the registered nurses were reviewing the fluid intake of patients within the progress record in patient care records. However, as stated above there was no evidence that registered nurses had identified a daily target and subsequent action to be taken if and when the target was not achieved.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

We observed the serving of the midday meal. The observation of the mealtime service was that it was a clam and organised activity. Dining tables were appropriately set and the day's menu was displayed. We were unable to evidence that patients, including those on a modified diet were afforded choice at mealtimes, this may have been due to the menu choice record as it did not clearly evidence patient choice. However, staff were observed offering patients a visual choice of meal with information given by staff to assist the patient as to which meals were being offered. In discussion with the chef it was stated that choice was always available at mealtimes and that he relies on staff to inform him of what patients would like. A recommendation has been made that the menu record clearly evidences patient choice of meal, including those patients who require a modified diet. A recommendation has also been made that the chef has an up to date food preference list/information in the kitchen to assist with menu planning and meal choices.

We observed the serving of the mid-morning tea and snack. Patients had a choice of tea, coffee, milk or juice and a snack (biscuits and fresh fruit) was provided. Milky puddings and yoghurts were available for patients who required a modified diet.

Areas for improvement

The continence management record maintained by staff should state an outcome when a patient is assisted with toileting needs so as an accurate overview of patients' continence management needs is established.

Registered nurses should be specific when reporting on a patient's wellbeing in the progress record within patient care records.

The record of menu choice should clearly identify patients' choice of meals, including those patients who require a modified diet.

An up to date list of patients' food preferences and likes and dislikes should be retained in the kitchen to assist with menu planning.

Number of requirements	0	Number of recommendations	4
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate and timely. Staff demonstrated a detailed knowledge of patients' wishes and preferences.

There is an enthusiastic activities coordinator in the home. In discussion with the activities coordinator the range of planned activities were discussed. Observation of the activities at the time of the inspection evidenced the activities coordinator's knowledge of the importance of spending individual time with those patients who are unable to participate in more formal or group activities. This was good practice.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. The most recent relatives' survey was in April 2016 at which time 13 questionnaires were completed and returned. There was no action plan developed following the analysis of the questionnaires however this may have been due to no written comment being provided, only a rating out of five. The returned questionnaires evidenced that relatives were satisfied with the care afforded by staff in the home. A newsletter had been developed in November 2016 to share information with relatives and visitors to the home, the registered manager stated it was planned to produce the newsletter on a quarterly basis.

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

Comments included:

“It’s great in this place.”

“Very nice people here.”

“I’ve no complaints about here.”

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

Comments included:

“Bridie (activities coordinator) is wonderful.”

“Staff are quite good.”

“I’m kept informed of everything to do with my (relative).”

We met with one visiting professional who stated that staff were very friendly in the home, especially Bridie (activities coordinator) and any recommendations were actioned.

Two staff members commented that staff morale was poor and one staff member that staff morale was good. It was also stated that communication in the home wasn’t good. Conflicting information was being given by staff and a recommendation has been made that the registered manager reviews team working and the communication systems in the home.

Questionnaires

In addition (10) relative/representatives; (eight) patient and (10) staff questionnaires were provided by RQIA to the registered manager for distribution. At the time of issuing this report; there were no questionnaires completed and returned to RQIA within the specified timescale.

Areas for improvement

The registered manager should review team working and the communication systems in the home.

Number of requirements	0	Number of recommendations	1
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4.6 Is the service well led?

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

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

Discussion with the registered manager and review of the home’s complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Staff did not confirm that they were confident that management would manage any concern raised by them appropriately, refer to section 4.5 for staff comments and a recommendation has been made with regard to communication and team work.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. A review of notifications of incidents to RQIA since the last care inspection in August 2016 confirmed that these were managed appropriately.

Discussion with the registered manager, and review of records, evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in relation to care records, infection prevention and control, incidents and accidents and the environment.

Discussion with the registered manager and review of records for December 2016 and January and February 2017 evidenced that Regulation 29 monthly quality monitoring visits were completed in accordance with the regulations and/or care standards. The review of the reports evidenced that an action plan had been generated to address any areas for improvement.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

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

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

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

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: 10 April 2017</p>	<p>The registered person and the registered manager must ensure that from time to time, training is undertaken, as appropriate, to ensure the necessary competence and skills for managing the nursing home.</p> <p>Ref: section 4.1</p> <p>This requirement is carried forward for review.</p> <p>Response by registered provider detailing the actions taken: As discussed with the inspector both the registered manager and provider had undertaken training as appropriate to ensure the necessary competence and skills for managing the nursing home. Records can be viewed at next inspection</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 4.8</p> <p>Stated: First time</p> <p>To be completed by: 10 April 2017</p>	<p>The registered provider should ensure that an accurate record is maintained by staff of patients' continence needs.</p> <p>Ref: section 4.4</p> <p>Response by registered provider detailing the actions taken: Patients continence charts have been updated to ensure an accurate record is maintained by staff</p>
<p>Recommendation 2</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: 10 April 2017</p>	<p>The registered provider should ensure that registered nurses accurately report on the wellbeing of patients. Recording should not be generalised and lacking in information.</p> <p>Ref: section 4.4</p> <p>Response by registered provider detailing the actions taken: Registered nurses have received supervision with regards to recording and ensuring reports are not generalised</p>
<p>Recommendation 3</p> <p>Ref: Standard 12.13</p> <p>Stated: First time</p> <p>To be completed by: 10 April 2017</p>	<p>The registered provider should ensure that the record of patients' menu choice reflects individuals' choice at mealtimes, including those patients who require a modified diet.</p> <p>Ref: section 4.4</p> <p>Response by registered provider detailing the actions taken: Patients menus have been updated to reflect individuals' choice at mealtimes, including those who require a modified diet.</p>
<p>Recommendation 4</p> <p>Ref: Standard 12.6</p>	<p>The registered provider should ensure that up to date information is retained in the kitchen, at all times, for catering staffs reference, regarding the food preferences and likes and dislikes of patients.</p>

Stated: First time	Ref: section 4.4
To be completed by: 10 April 2017	Response by registered provider detailing the actions taken: Food preferences have been updated for the catering staff detailing residents' likes and dislikes
Recommendation 5 Ref: Standard 35.12 Stated: First time	The registered provider should ensure that communication systems and team working in the home is reviewed and enhanced, as far as possible. Ref: section 4.5
To be completed by: 29 May 2017	Response by registered provider detailing the actions taken: Prior to the inspection a staff meeting was held in March where it was discussed that staff felt communication within the Home was much improved and staff were now making an effort to keep communication open. The registered manager will review this on an ongoing basis

Please ensure this document is completed in full and returned via web portal



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