

Unannounced Care Inspection Report 20 March 2018



Somerton Private Nursing Home

Type of Service: Nursing Home (NH)
Address: 77 Somerton Road, Belfast, BT15 4DE
Tel No: 028 90 776786
Inspector: Elizabeth Colgan

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 26 persons.

3.0 Service details

Organisation/Registered Provider: Somerton Private Nursing Home Responsible Individual(s): Mr Henry Enda McCambridge Mr Paul Henry McCambridge	Registered Manager: Mrs Dhimi Daniel
Person in charge at the time of inspection: Mrs Dhimi Daniel	Date manager registered: 15 January 2018
Categories of care: Nursing Home (NH) DE – Dementia	Number of registered places: 26

4.0 Inspection summary

An unannounced inspection took place on 20 March 2018 from 08.45 to 14.15 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 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 staff recruitment practices; staff induction, training and development; risk management and effective communication systems. There was also evidence of good practice identified in relation to the governance and management arrangements; management of complaints and incidents; quality improvement processes and maintaining good relationships within the home. The environment of the home was generally conducive to the needs of the patients and was attractive and comfortable.

Areas requiring improvement were identified and included review of staffing levels, moving and handling, secure storage of medication, infection prevention and control and some aspects of the environment. Other areas for improvement related to care records, patient/relatives meetings, the timing of meals and ensuring that assistance with meals promotes social interaction and dignity.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. Patients' comments included, "Staff are helpful and kind." Refer to section 6.6 for further comments.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	6

Details of the Quality Improvement Plan (QIP) were discussed with Mr Paul McCambridge registered person and Mrs Dhimi Daniel 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 25 October 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 25 October 2017. 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 10 patients and 4 staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster informing staff of how to submit their comments electronically, if so wished, was given to the manager to display in the staff room.

The following records were examined during the inspection:

- duty rota for all staff from 12 March 2018 to 1 April 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
- one staff recruitment and induction file
- four patient care records
- four patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits

- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- 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, partially met, or not 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 25 October 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 25 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 13 Stated: First time	The registered person shall ensure that the manager undertakes training in respect of being the safeguarding champion of the home and ensures that there are arrangements in place to embed the new regional operational safeguarding policy and procedure into practice.	Met
	Action taken as confirmed during the inspection: Review of documentation and discussion with the registered manager confirmed that the manager has undertaken training in respect of being the safeguarding champion of the home. There are arrangements in place to embed the new regional operational safeguarding policy and procedure into practice.	

<p>Area for improvement 2</p> <p>Ref: Standard 23</p> <p>Stated: First time</p>	<p>The registered person shall ensure that wound care management is undertaken in accordance with NICE clinical guidance 179, on the management and prevention of pressure damage.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of documentation and discussion with the registered manager confirmed that wound care management was undertaken in accordance with NICE clinical guidance 179, on the management and prevention of pressure damage.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 4.8</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the assessment of patients' needs is completed accurately so as timely referrals can be made to the relevant health care professional.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of documentation and discussion with the registered manager confirmed that the assessment of patients' needs was completed accurately so as timely referrals could be made to the relevant health care professional.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 35.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a comprehensive review of patient need is completed, as and when patient need changes, and no less than annually and this review should also be undertaken when patients are re-admitted to the home following hospitalisation.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of documentation and discussion with the registered manager confirmed that a comprehensive review of patient need is completed, as and when patient need changes, or at least on an annual basis. The review is also undertaken when patients are re-admitted to the home following hospitalisation.</p>		

Area for improvement 5 Ref: Standard 35.3 Stated: First time	The registered person shall ensure that the auditing of care records is a robust and comprehensive process.	Met
	Action taken as confirmed during the inspection: Review of documentation and discussion with the registered manager confirmed that the auditing of care records is now a robust and comprehensive process.	

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.

A review of the staffing rota from the 12 March 2018 to 1 April 2018 evidenced that the number of registered nurses roistered varied on a daily basis. On some days two nurses plus the registered manager were recorded, on other days the one nurse and the registered manager and at weekends only one nurse was roistered. Discussion with the registered person and registered manager indicated that recruitment was ongoing. However they were unable to provide an explanation of required staffing levels or why the number of nurses varied on a day to day basis. Observation of mealtimes, moving and handling and infection prevention and control practices would indicate that registered nurses should be supervising staff to ensure best practice is followed. An area for improvement has been made in this regard against the standards to review staffing levels to provide a more even spread of registered nurses and to ensure that registered nurses are providing adequate supervision to staff.

Staff spoken with were asked if there were sufficient staff to meet the needs of the patients, staff stated that it was dependent on the number of staff on duty or illness. Staffs' opinion on staffing arrangements via questionnaires was sought; no questionnaires were returned prior to the issue of this report. Two relatives also responded via questionnaire and they confirmed their satisfaction with the staffing arrangements.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

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. Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training.

Observation of the delivery of care evidenced that not all training had been embedded into practice as discussed previously in this section of the report.

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

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. Where any shortcomings were identified safeguards were put in place.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection confirmed that these were appropriately managed.

Observation of the transfer of patients from a wheelchair to an armchair after lunch evidenced that a standing hoist should have been used to transfer some patients. Moving and handling practice should be reviewed and provide additional training for staff where needed. An area for improvement against the regulations has been made in this regard

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be generally warm, well decorated, fresh smelling and clean throughout. Areas for improvement identified in relation to the environment are as follows:

- The domestic store and sluice hopper were dirty and require detailed cleaning.
- The store room upstairs needs to be tidied and decluttered.
- Window blinds are needed for the conservatory area in the dining room.

The clinical room door and medication fridge door were unlocked which created the potential for unauthorised access. An area for improvement against the regulations has been made in this regard to ensure that medicines are safely and securely stored in compliance with legislative requirements, professional standards and guidelines.

Areas for improvement identified in relation to infection prevention and control and are as follows:

- A sharps bin in use was not signed or dated.
- Two plastic containers were observed on the medicine trolley containing used single use syringes.

- Used personal protective equipment (PPE) and a soiled incontinence pad was observed lying on the floor of a patient's bedroom.
- The straps on the bath chair in an identified bathroom were dirty and soiled.

An area for improvement had been identified against the regulations has been made in this regard.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, and adult safeguarding.

Areas for improvement

The following areas were identified for improvement in relation to staffing, infection prevention and control, moving and handling, secure storage of medication and the home's environment.

	Regulations	Standards
Total number of areas for improvement	3	2

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 a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dietitians. Supplementary care charts including repositioning/food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislation.

Review of four patient care records evidenced that generally registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. However review of the daily progress notes indicated that these were written daily around 13.00 to 14.00. Staff should ensure that care records display contemporaneous record keeping for care delivery. An area for improvement has been made against the standards in this regard.

Staff displayed an awareness of patient confidentiality in relation to the storage of records. Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005. 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.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), SALT, dietician, and the TVN. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

Discussion with the registered manager confirmed that staff meetings were held on a quarterly basis and records were maintained. 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 their registered manager.

Discussion with the registered manager and review of records evidenced that patient meetings had been held monthly until August 2017, only one meeting had been held in February 2018. Relatives meetings were not held on a regular basis. An area for improvement has been made against the standards in this regard to ensure that patient and relatives meetings are undertaken on a regular basis.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

Areas for improvement

The following areas were identified for improvement in relation to contemporaneous record keeping and patient/relatives meetings.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Observation of breakfast and the midday meal evidenced that meals were nicely presented, were of good quality and smelt appetising. Breakfast was served at 09.40, usual time is 09.30.

There were two sittings at the midday meal commencing at 12.00. Whilst the two sittings enable staff to have more time to assist those patients who required more support and supervision at mealtimes, many of the patients did not finish their meal. Breakfast finished after 10.00 meaning there was less than two hours before the first serving of lunch. An area for improvement has been identified against the standards to review the times meals are served specifically breakfast to ensure patients can enjoy their midday meal.

Patients who required a modified diet were afforded a choice at mealtimes; this was verified when reviewing the patients' meal choice record. Tables were attractively set with cutlery and napkins. The day's menu was displayed in the dining room.

An observation session was undertaken at breakfast many of the staff interactions were positive with a good flow of conversation. However one member of staff served breakfast with little or no interaction with the patients, others communicated with language more suited to a child when encouraging patients to eat. This was discussed with the registered manager who stated that staff would be provided with more guidance. An area for improvement has been identified against the standards in this regard.

There is an activities programme in place on three days a week. On the day of the inspection the social activity therapist was not on duty so this area of care was not observed.

Patients spoken with commented:

"I like the staff."

"Staff are helpful and kind."

"I like this home."

"The meals are good."

Staff stated that there was a good atmosphere in the home and commented that they felt there had been an improvement in communication and teamwork.

Questionnaires

In addition, ten relative/representatives and ten patient questionnaires were provided by RQIA to the manager for distribution. At the time of issuing this report, two relatives returned their questionnaires within the specified timeframe. The relatives indicated that they were very satisfied that the delivery of care was safe, effective and compassionate and that the service was well led.

Two staff members responded to the questionnaire electronically. The staff members were very satisfied with all aspects of care and management in the home and commented as follows:

"Somerton is an enjoyable place to work in, lovely atmosphere and a great team of carers and nurses. The home is run very efficiently and has an excellent management team that has a great rapport with staff."

"Somerton is an excellent home. The staff are all very attentive, we have a great team of carers and nurses and a fantastic manager."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

The following areas were identified for improvement in relation to the times meals are served and staff interactions with patients.

	Regulations	Standards
Total number of areas for improvement	0	2

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussion with the registered manager and observation of patients evidenced that the home was operating within its' registered categories of care. The registration certificate was up to date and displayed appropriately.

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 patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded.

The registered manager confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis. 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. A copy of the complaints procedure was available in the home. Patients' representatives who responded via questionnaire indicated that were confident that staff/management would manage any concern raised by them appropriately.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection, confirmed that these were appropriately managed. There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner. These included medication and equipment alerts and alerts regarding staff that had sanctions imposed on their employment by professional bodies.

Discussion with the 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 accordance with best practice guidance in relation to falls, wound

management, care records, infection prevention and control, environment, complaints, incidents/accidents and bed rails. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.

Discussion with the registered manager and review of records evidenced that Regulation 29 monthly quality monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, 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 Mr Paul McCambridge registered person and Mrs Dhimi Daniel 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 Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 14(3)</p> <p>Stated: First time</p> <p>To be completed by: 20 April 2018</p>	<p>The registered person shall review moving and handling practice and provide additional training for staff were needed.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: All staff attended moving and handling training on November 2017. Registered manager completed a supervision session with all the staff. All staff to complete the manual handling online training this month and moving and handling practice will be monitored and reviewed on a regular basis</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 4(a)</p> <p>Stated: First time</p> <p>To be completed by: 20 March 2018</p>	<p>The registered person shall ensure that medicines are safely and securely stored in compliance with legislative requirements, professional standards and guidelines.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Treatment room was locked immediately when identified during inspection and reminded all trained staff to ensure the treatment room door locked securely at all time. Supervision session with registered nurses have been carried out and compliance will be monitored by home manager.</p>
<p>All Area for improvement 3</p> <p>Ref: Regulation 13(7)</p> <p>Stated: First time</p> <p>To be completed by: 20 April 2018</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff, specifically:</p> <ul style="list-style-type: none"> • Sharps boxes to be signed and dated. • Single use syringes should not be reused. • Appropriate disposal of PPE and waste products should be in place. • The straps on the bath chair in an identified bathroom need to be cleaned or replaced. <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: The issues identified by the inspector have been addressed and compliance with the expected standard is being monitored by the registered manager.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
<p>Area for improvement 1</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 20 June 2018</p>	<p>The registered person shall review staffing levels to provide a more even spread of registered nurses on a day to day basis and ensure that registered nurses are providing adequate supervision to staff.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: As discussed with the inspector, recruitment is ongoing. However, according to the number and dependency level of resident the required staffing level for the home is 35% nurses and 65% carers over the 24-hour period which is reflected on the rota.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 20 May 2018</p>	<p>The registered person shall ensure that the environmental issues identified at this inspection are actioned, specifically:</p> <ul style="list-style-type: none"> • The domestic store and sluice hopper require detailed cleaning. • The store room upstairs should be tidied and decluttered. • Window blinds should be provided for the conservatory area in the dining room. <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: All environmental issues identified during this inspection have been addressed and compliance will be monitored by registered manager. As advised during inspection conservatory curtains had been removed as redecoration of dining room and both lounges were scheduled. This has now been completed with curtains replaced, redecoration and new artwork in all three rooms.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 20 April 2018</p>	<p>The registered person shall ensure that daily progress notes are completed contemporaneously for care delivery.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: Registered nurses have received supervision with regards to the identified area and routine checks will be carried out by home manger</p>
<p>Area for improvement 4</p> <p>Ref: Standard 7</p> <p>Stated: First time</p> <p>To be completed by: 20 April 2018</p>	<p>The registered person shall ensure that patient and relatives meetings are undertaken on a regular basis.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: As discussed with the inspector, residents meeting will be held every month and relatives meeting will be held every 6 months. However, home manager seeks opinion from relatives while visiting or at the care review meeting.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 20 April 2018</p>	<p>The registered person shall review the times meals are served specifically breakfast to ensure patients can enjoy their midday meal.</p> <p>Ref: Section 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: Meal times (Breakfast) reviewed and arrangements made to finish the breakfast as early as possible</p>
<p>Area for improvement 6</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 20 April 2018</p>	<p>The registered person shall ensure that mealtimes are recognised and promoted as opportunities for social interaction and assistance provided promotes patient dignity.</p> <p>Ref: Section 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: Recent staff meeting reminded all staff to interact more with residents while feeding and also to promote the dignity of residents when assisting at meal times. Nurses will monitor this during meal times</p>

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



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