

# Unannounced Care Inspection Report 26 and 31 May 2016



## Strathearn Court

**Type of Service: Nursing Home**  
**Address: 229 Belmont Court, BT4 2AH**  
**Tel No: 028 90 656 665**  
**Inspector: Heather Sleator**

## 1.0 Summary

An unannounced inspection of Strathearn Court took place on 26 May 2016 from 09.30 to 16.30 and 31 May 2016 from 09.20 to 12.00 hours.

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

### Is care safe?

Weaknesses were identified in the delivery of safe care, specifically in relation to the staffing arrangements in the home. Staff and patients commented on staff shortages and the impact of this on the delivery of care. Deficits were also identified in the competency assessments for registered nurses in charge of the home in the absence of the manager. However, relatives were very positive about the standard of care afforded by staff. One requirement and two recommendations have been stated to secure compliance and drive improvement.

### Is care effective?

Weaknesses have been identified in the delivery of effective care specifically in relation to the assessing, planning and evaluating of care. Improvements are also required in the auditing of patient care records, management of staff meetings and the patients dining experience. One requirement and three recommendations have been made.

### Is care compassionate?

There was evidence of good communication in the home between staff and patients. Patients and relatives were very praiseworthy of staff and a number of their comments are included in the report. There was evidence of patient, representative and staff consultation.

### Is the service well led?

There was evidence of systems and processes in place to monitor the delivery of care and services within the home. However, requirements and recommendations have been stated relating to the delivery of safe and effective care to seek compliance and drive improvements.

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 Department of Health (DOH) Care Standards for Nursing Homes 2015.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ruth Murphy, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 1.2 Actions/enforcement taken following the most recent care inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 2 February 2016. Other than those actions detailed in the previous QIP there were no further actions required. 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

<b>Registered organisation/registered provider:</b> Four Season's Healthcare Maureen Claire Royston	<b>Registered manager:</b> Ms Ruth Murphy
<b>Person in charge of the home at the time of inspection:</b> Ruth Murphy	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> NH-I, NH-PH, NH-PH(E), NH-TI	<b>Number of registered places:</b> 55

## 3.0 Methods/processes

Prior to inspection the following information was analysed:

- 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 11 patients, three care staff, ancillary staff, one registered nurse and two relatives.

Questionnaires for patients, relatives and staff to complete and return were left for the home 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
- staff supervision and appraisal planner
- complaints and compliments records
- incident and accident records
- records of quality audits and
- records of staff, patient and relatives meetings

#### 4.0 The inspection

##### 4.1 Review of requirements and recommendations from the most recent inspection dated 2 February 2016

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

There were no issues required to be followed up during this inspection and any action taken by the registered provider, as recorded in the QIP will be validated at the next care inspection.

##### 4.2 Review of requirements and recommendations from the last care inspection dated 2 February 2016

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 44.1 <b>Stated:</b> First time <b>To be Completed by:</b> 29 March 2016	It is recommended that any wooden frames and shelves which are worn and have the wooden surface exposed are replaced.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspection of the environment of the home confirmed that a programme of replacement had commenced and would remain on-going until such times as the work is complete.	

##### 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. The registered manager stated that there were registered nurse vacancies and agency staff were currently being used. The registered manager stated she was also undertaking nursing duties when needed and this may include up to two 'nursing' shifts per week. The review of the duty rota's for the week's commencing 23 May 2016 and 30 May 2016 evidenced

that the registered managers hours worked in either a nursing or managerial capacity were not clearly stated and a recommendation has been made to this regard. The review of the duty rota also evidenced the skill mix of 65 percent care staff and 35 percent registered nursing staff was not being adhered to due to the staffing difficulties in respect of registered nurses. The registered manager stated this had been discussed with the regional manager who had advised that when it was not possible to have a second nurse on duty on either floor additional care assistant may be rostered. Staff and patients commented on the current staffing difficulties.

Comments received included:

'I feel they don't have enough staff on to provide the right care at the right time.' (patient)

'Always short staffed both day and night.'

'There is no time to spend with your patients as rushing around to carry out your tasks.'

'At present we are short of staff nurses and are working extra hours to cover.'

Staffing arrangements are impacting on the delivery of care. We observed patients seated at dining tables in the dining room at 16:00 hours, the evening meal is not served until 17:00 hours. This was discussed with staff who stated once patients had been assisted with personal care they were taken to the dining room as opposed to going back to the lounge or their bedrooms due to time and staffing constraints. A member of staff also stated that there wasn't sufficient time to complete the required 'paperwork', (supplementary care records) before going off duty and on this occasion stated they were leaving it for their colleagues to do and went off duty.

The dependency levels of patients must be kept under regular review to ensure that the numbers and skill mix of staff deployed is appropriate to meet the needs of the patients. The review must include the allocation and deployment of staff, including the registered manager, to ensure the staffing arrangements promote the safe and effective delivery of care and a requirement has been made.

A review of three personnel files evidenced that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005, Regulation 21, schedule 2. Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of registered nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

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. Three completed induction programmes were reviewed. The programmes included a written record of the areas completed and the signature of the person supporting the new employee. On completion of the induction programme, the employee and the inductor signed the record to confirm completion and to declare understanding and competence. The registered manager also signed the record to confirm that the induction process had been satisfactorily completed.

The review of three registered nursing personnel records did not confirm that the competency and capability assessment for registered nurses who were given the responsibility of being in charge of the home in the absence of the registered manager, had been reviewed on at least an annual basis. This had not been completed for two registered nurses from 2013. As areas for development had been identified in 2013 for these registered nurses there was no evidence to support these developmental needs had been met and verified by the registered manager. A recommendation has been made.

Training was completed available via an e learning system, internal face to face training arranged by management and training provided by the local health and social care trust. The review of staff training records evidenced that the registered manager had systems in place to monitor staff attendance and compliance with training. Discussion with the registered manager, staff on duty and a review of records confirmed that there are systems in place to ensure that staff received an annual appraisal. In discussion staff stated they had not received formal regular supervision as yet. The registered manager had a supervision planner in place for 2016 and stated that the completion of the annual appraisal of staff was the priority at present.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Training records reflected that 89 percent of staff had undertaken safeguarding training in the past 12 months. Annual refresher training was considered mandatory by the home. A review of documentation confirmed that any safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. The registered manager had robust systems in place to monitor the progress of safeguarding issues with the local health and social care trust. Safeguarding referrals or on-going investigations are reviewed and reported on at the monthly quality monitoring visit by the regional manager.

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 the relevant bodies. A random selection of accidents and incidents recorded since the previous inspection evidenced that accidents and incidents had been appropriately notified to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. The registered manager completed a monthly analysis accident, incidents and of falls to identify any trends or patterns.

An inspection of the general environment of the home was undertaken and included a random sample of patients' bedrooms, lounges, bathrooms and toilets. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Boxes of personal items were observed in one patient's bedroom. This was discussed with the registered manager who gave assurances that the items would be removed from boxes into appropriate storage units in the patient's bedroom.

Areas of the home were in need of upgrading, for example, patient's bedrooms and lounge areas would benefit from being repainted. This was discussed with the registered manager who stated it had been a number of years from the home had been repainted and this would be discussed with the regional manager. The carpet outside the dining room was in need of repair, the registered manager stated approval for the purchase of a new carpet has been given but it was not, as yet, ordered. A bathroom on the first floor was being used as a storage room. This was discussed with the registered manager who agreed to remove the storage items and stated the room would be more usefully converted to a shower room. The registered manager was advised to discuss this with the regional manager and the estates inspector in RQIA. Relatives and patients commented positively on the environment of the home.

The home was evidenced to be fresh-smelling, clean and appropriately heated.

Fire exits and corridors were observed to be clear of clutter and obstruction. The fire alarm system was being tested at the time of the inspection.

There were no issues identified with infection prevention and control practice.

### Areas for improvement

The dependency levels of patients must be kept under regular review to ensure that the numbers and skill mix of staff deployed is appropriate to meet the needs of the patients.

The duty roster should clearly identify the hours worked by the registered manager in a nursing and/or managerial capacity.

The competency and capability assessment for registered nurses in charge of the home in the absence of the manager should be reviewed on an annual basis. Where areas for development had previously been identified there should be evidence that the registered manager was satisfied the areas identified had been actioned and were complete.

<b>Number of requirements</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>2</b>
-------------------------------	----------	-----------------------------------	----------

#### 4.4 Is care effective?

A review of three patient care records evidenced that initial plans of care were based on the pre admission assessment and referral information. A range of validated risk assessments were completed as part of the admission process.

Care records 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 dieticians. However, the review of the care planning process did not evidence that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines and a requirement has been made.

One patient was observed sitting in their bedroom. A fallout mat was placed in front the patient as was a bedside table. The review of the patient's care plan stated that the fallout mat was only required during the night time period. This is also a restrictive practice and care records should have evidenced the rationale for the use of any equipment or aids which can inhibit the free movement of the patient. The review of another patient care records evidenced that risk assessments had not been reviewed from March 2016 and a number of care plans had not been fully completed or evaluated. One care plan detailed specific care interventions/directions for staff to meet the patient's needs. There was no evidence in the monthly evaluation of the care plan that the specific care intervention had been completed or reviewed.

The manager completes audits of patient care records, on a rotational basis, however as was evidenced by the review of patient care records it was recommended that a robust system regarding the auditing of care records was established until such times as a consistent approach by registered nurses is in evidence. There was evidence that the care planning process included input from patients and/or their representatives, as far as possible. One relative responded via questionnaire and stated "there have been times when my relative has been prescribed new medication and I haven't been told about it, I have had to ask".



Supplementary care charts, for example, repositioning and food and fluid intake records evidenced that records were generally maintained in accordance with best practice guidance, care standards and legislative requirements. However, as discussed in section 4.3 staff should be reminded that it is their responsibility to record any information regarding a patient's welfare before they finish their shift of duty. The registered manager agreed to inform and remind staff of their responsibility regarding record keeping.

Discussion with the registered manager and staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication. Staff spoken with confirmed that the shift handover provided the necessary information regarding any changes in patients' condition. The most recent staff meeting was in March 2016. The registered manager stated meetings had not been a regular of late due to the staffing situation. Four staff responded via questionnaire that staff meetings were not held regularly due to workload pressures. One staff member also commented that minutes of staff meetings are not made available for staff to read. It was recommended that a more regular approach to staff meetings was established to improve communication in the home, particularly as staff stated the staffing arrangements in the home are problematic. Minutes of any staff meeting should be made available for those staff unable to attend meetings.

The serving of the midday meal was observed. Tables were attractively set with cutlery, condiments and napkins. Meals were plated at the time of serving by a catering assistant. This was good practice and afforded nursing and care staff time to assist the patients. Those patients who had their lunch in the lounge or their own bedroom were served their meal on a tray which was set with cutlery and condiments and the food was covered prior to leaving the dining room. The meals were nicely presented and smelt appetising. All of the patients spoken with enjoyed their lunch. Two issues arose in respect of the dining experience. Firstly patients who require a specialised/modified diet were not offered a choice of meal and secondly, the day's menu was not displayed for patients' information. A recommendation has been made.

### **Areas for improvement**

The care planning process must evidence that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines.

A robust system regarding the auditing of care records should be established until such times as a consistent approach by registered nurses is in evidence.

A more regular approach to staff meetings should be established to improve communication in the home. Minutes of any staff meeting should be made available for those staff unable to attend meetings.

Patients who require a specialised/modified diet should be offered a choice of meal and the day's menu should be displayed for patients' information.

<b>Number of requirements</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>3</b>
-------------------------------	----------	-----------------------------------	----------



## 4.5 Is care compassionate?

Observations throughout the inspection evidenced that there was a calm atmosphere in the home and staff were quietly attending to the patients' needs.

Patients were observed to be sitting in the lounges, or in their bedroom, as was their personal preference. We observed numerous occasions when staff took time to find out what the patients wanted when it was not always apparent and patients were unable to express their wishes clearly. Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time.

The arrangements for the provision of activities in the home were not assessed on this occasion. The home employs a personal activities leader (PAL) who works 35 hours per week, Monday to Friday.

We discussed how the registered manager consulted with patients and relatives and involved them in the issues which affected them. The most recent patients meeting was the 30 May 2016. The minutes of the meeting were available and there were no issues for action raised by patients. In discussion with the registered manager it was confirmed that numerous compliments had been received by the home from relatives and friends of former patients. Thank you cards were displayed in the home and a record was maintained of all compliments received.

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. This was undertaken on a daily basis whereby the registered manager completes a quality of life assessment which includes seeking the opinions of patients, relatives and staff. Views and comments recorded were analysed centrally by Four Seasons Healthcare and an action plan developed and shared with staff, patients and representatives, where appropriate. Patients' views and opinions of the quality of services provided by the home for February and March 2016 evidenced an average satisfaction score of 97.46 percent. Similarly the survey results for relatives and visitors to the home for the same time period was 98.46 percent. The registered manager stated that where a negative response is given an action plan is generated to address the issue/s raised by the manager of the 'Residents Experience' team in Four Seasons Healthcare.

The following are some comments we received from patients:

'Staff couldn't be better.'

'It's a good place.'

'I like it here, staff are good to me'

'Staff are very nice.'

We met with two relatives during the inspection who stated:

'Staff are excellent, anything I need sorted I just go to (manager).'

'Manager is a great girl.'

'Staff are generally very quick about answering the call bell.'

## Questionnaires

As part of the inspection process we issued questionnaires to staff, patients and patients' representatives. The returned questionnaires were generally positive regarding the quality of nursing and other services provided by the home. Specific comments are detailed below:

The following comments were provided by patients:

'I feel I should have a nominated carer to look after me.'  
'The home needs more staff.'

The following comments were provided by patient representatives:

'Some staff don't acknowledge visitors unless they are spoken to, "hello" from all staff would be appreciated; otherwise pleasant staff.'

The following comments were provided by staff:

'There is no time for regular meetings.'  
'Staff do their best but sometimes patients have to wait.'  
'Discussions are done at handover; everyone cannot come to team meetings.'  
'There are not regular team meetings and if there are meetings it is always day staff against night staff.'  
'We are never asked for our suggestions on other ways to do things.'  
'Some patients require more attention than others, this takes away from others who need your care.'  
There is no time for team meetings due to paperwork.'

Patients and staff have commented on staff shortages. The senior management team should review and monitor the dependency levels of patients to ensure that the home's staffing arrangements are sufficient to meet the needs of each unit.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
-------------------------------	----------	-----------------------------------	----------

### 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, patients were aware of the roles of staff in the home and to whom they should speak to if they had a concern.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Staff confirmed that they had access to the home's policies and procedures.

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 spoken with confirmed that they were aware of the home's complaints procedure and that they were confident that staff/management would manage any concern raised by them appropriately.

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.

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 accordance with best practice guidance in relation to falls, incidents/accidents. 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.

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.

Discussion with the registered manager and review of records evidenced that monthly quality monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. 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.

### Areas for improvement

Two requirements and five recommendations have been made in relation to safe and effective care to further secure compliance and drive improvements.

<b>Number of requirements</b>	<b>2</b>	<b>Number of recommendations:</b>	<b>5</b>
-------------------------------	----------	-----------------------------------	----------

### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ruth Murphy, 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 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 may enhance service, quality and delivery.

### 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) 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.

<b>Quality Improvement Plan</b>	
<b>Statutory requirements</b>	
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 20 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2016</p>	<p>The registered provider must ensure that at all times suitably qualified, competent and experienced staff are working at the nursing home in such numbers as are necessary to meet the needs and dependency levels of patients.</p> <p><b>Ref: Section 4.3</b></p> <p><b>Response by registered provider detailing the actions taken:</b> The Registered Manager will conduct a monthly review of the dependency levels of all residents to ensure that at all times suitable qualified, competent and experienced staff are working to meet the needs of the residents. Any shortfall of Registered Nursing staff contracted hours will be requested via FSHC Agency Management System.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 13 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2016</p>	<p>The registered provider must ensure that registered nurses are competent in respect of the assessing, planning and evaluating of patient care and do so in accordance with NMC guidelines.</p> <p><b>Ref: Section 4.4</b></p> <p><b>Response by registered provider detailing the actions taken:</b> Training on care planning, including responsibilities under the NMC guidelines is scheduled for trained staff on 30.8.16. In the meantime, the registered manager is conducting supervision for those nurses who need further support in care planning</p>
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 July 2016</p>	<p>The registered provider should ensure that the hours worked by the registered manager in either a nursing or managerial capacity are clearly stated on the staff duty roster.</p> <p><b>Ref: Section 4.3</b></p> <p><b>Response by registered provider detailing the actions taken:</b> The hours worked by the registered manager in either a nursing or managerial capacity are now clearly stated on the staff duty roster</p>

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 41.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 July 2016</p>	<p>The registered provider should ensure there is evidence to support that a competent and capable nurse in charge of the home at all times who has the knowledge, skill and experience necessary to care for the patients for which the home is registered.</p> <p><b>Ref: Section 4.3</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> The registered manager is reviewing all trained staff's competency and capability assessments to ensure they have the knowledge, skill and experience to care for the residents of the home. Five have been completed and three more will be completed by 14<sup>th</sup> August</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 4.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2016</p>	<p>The registered provider should there is a robust system regarding the auditing of care records is established until such times as a consistent approach by registered nurses is in evidence.</p> <p><b>Ref: Section 4.4</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Care plan audits continue to be carried out on a weekly basis but the number of audits has been increased to two per week at present until the manager is satisfied that care records are up to date and appropriate</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2016</p>	<p>The registered provider should ensure that staff meetings take place on a regular basis and at minimum quarterly. Records of any meeting should be made available for staff in the home.</p> <p><b>Ref: Section 4.4</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Staff meetings will take place quarterly and minutes of meetings will be made available for staff to read. The next staff meeting is scheduled for 8<sup>th</sup> August 2016. A health and safety meeting was held on 26.7.16</p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2016</p>	<p>The registered provider should the dining experience for patients is reviewed and revised. The revision should ensure that patients who require a specialised/modified diet are afforded a choice at mealtimes and that the day's menu is clearly displayed for patients' information.</p> <p><b>Ref: Section 4.4</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> A new cook manager has recently commenced in the home and has been offering a choice of menu for those residents with modified diets. The home manager and cook are currently seeking feedback from residents to improve choices offered. The display of the day's menu is being reviewed for ease of reading by the residents with table menus currently being devised by the cook manager.</p>

***\*Please ensure this document is completed in full and returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) from the authorised email address\****





The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

Tel 028 9051 7500  
Fax 028 9051 7501  
Email [info@rqia.org.uk](mailto:info@rqia.org.uk)  
Web [www.rqia.org.uk](http://www.rqia.org.uk)  
📍 @RQIANews