

Unannounced Care Inspection Report 19 July 2016



Kintullagh Care Home

Type of Service: Nursing Home

Address: 36 Westbourne Ave, Carniny Road, Ballymena. BT43 5LW

Tel No: 028 2565 4444

Inspector: Lyn Buckley

1.0 Summary

An unannounced inspection of Kintullagh Care Home took place on 19 July 2016 from 09:45 to 16:15 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.

The term 'patients' is used throughout this report to describe those living in Kintullagh Care Home which provides both nursing and residential care.

Is care safe?

There was evidence that systems and processes were in place and monitored to ensure the safe and competent delivery of care and other services. A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, and clean throughout. Housekeeping staff were commended for their efforts. One relative raised concerns regarding the delay in replacing flooring in their loved one's bedroom. This concern was confirmed to have been addressed by management on 2 August 2016.

Staff consulted and observation of care delivery and interactions with patients clearly demonstrated that knowledge and skills gained through training and experience were embedded into practice. Staff were confident in carrying out their role and function in the home.

One recommendation was made in this domain regarding the temperature of the treatment room and the storage of medications in this room.

Is care effective?

Records reviewed accurately reflected the care delivered. All staff spoken with demonstrated knowledge and understanding of their role and function to ensure patients received the right care at the right time.

There was evidence of positive outcomes for patients in relation to the appropriate and timely delivery of care except during the lunchtime meal. A recommendation was made that staffing levels and the mealtime experience are reviewed to ensure patients' needs are met and that mealtimes are an enjoyable and positive experience.

A recommendation was also made regarding confidentiality of patient information.

Is care compassionate?

Patients were afforded choice, privacy, dignity and respect. Interactions between patients and staff were positive, caring and kind. 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

There were no requirements or recommendations made.

Is the service well led?

The registered manager was on annual leave during this inspection and the inspection process was facilitated by the deputy manager. The deputy manager was able to access and provide records on request. It was evident that the registered manager ensured that her management team were conversant with the home's management and governance processes and could access required records and data in her absence. It was also evident that the deputy manager was confident in her role and had support from her staff team. This was commended to the regional care director when he spoke with the inspector during the inspection; and to the deputy manager during feedback.

Comments from patients and staff confirmed that the home was well led. Relatives spoken with, despite their concern about flooring, stated that the home was "homely and that 'the care and love' received by their loved one, from the staff was 'excellent'.

As discussed in the preceding sections it was evident that the registered manager had implemented and managed systems of working within the home which were patient focused, impacted positively on the patient experience and involved and encouraged staff to deliver care appropriately to meet the assessed needs of patients. The registered manager was available to patients, their relatives and operated an 'open door' policy for contacting her. This was commended. Compliance with the recommendations made will further enhance the patient experience.

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	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Deputy Manager Julie-Anne Jameson, 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 announced estates inspection undertaken on 21 June 2016. Other than those actions detailed in the 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.

There were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered person: Runwood Homes Ltd/ Mr Nadarajah (Logan) Logeswaran – Responsible Individual	Registered Manager: Ms Jill O'Neill
Person in charge of the home at the time of inspection: Ms Julie-Anne Jameson – deputy manager	Date manager registered: 14 April 2016
Categories of care: NH – I, PH, LD RC – I, PH(E) and MP(E) There shall be a maximum of one patient accommodated within category NH-LD and a maximum of three residents accommodated within categories RC-I, RC-MP(E), RC-PH(E).	Number of registered places: 61

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events 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 plan (QIP) from the previous care inspection
- the previous care inspection report

During the inspection the inspector spoke with 12 patients individually and with others in small groups, three care staff, the deputy manager, two registered nurses, two staff from housekeeping, the home's administrator and one member of the catering team.

A poster indicating that the inspection was taking place was displayed on the front door of the home which invited visitors/relatives to speak with the inspector. The inspector spoke with two relatives.

Questionnaires from RQIA were provided for distribution by the deputy manager; 10 for relatives/representatives; eight for patients and 10 for staff. Only six staff returned their questionnaires within the specified timeframe. Refer to section 4.5 for details.

The following information was examined during the inspection:

- three patient care records
- six patients' care charts such as repositioning and fluid intake records
- staff duty rosters 10-23 July 2016
- staff training and planner/matrix for 2016
- one staff recruitment record
- complaints record
- a selection of incident and accident records including audit processes
- planner and matrix for staff supervision and appraisal 2016
- random sample of the record of quality monitoring visits carried out on behalf of the responsible individual in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- records of audit and governance
- records for checking nursing staff registration with Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 21 June 2016.

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

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

4.2 Review of requirements and recommendations from the last care inspection dated 5 November 2015

There were no requirements of recommendations made as a result of the last care inspection.

4.3 Is care safe?

The deputy 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 10 – 23 July 2016 evidenced that the planned staffing levels were adhered to. Discussion with patients confirmed that they had no concerns regarding staffing levels although some patients did comment that staff were very busy.

Staff consulted confirmed that staffing levels met the assessed needs of the patients. However, on occasions, due to short notice sick leave, the staffing levels would be 'short'. Staff described that on these occasions they had to work well as a team to ensure patients did not notice any difference to their day. Staff confirmed that management would support the staff by assisting with care delivery and /or approving the use of bank/agency staff to cover staff leave. Staff also raised concern regarding working in hot weather conditions and in particular the temperature on the first floor. Two portable air conditioning units were observed to be available on the first floor, but were not switched on; numerous portable fans were also observed in communal areas and patients' bedrooms throughout the home. Staff were advised to discuss this with their line manager. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty during the morning and afternoon periods. Observation during the serving of the lunchtime meal did raise concerns as assistance for patients with their meals was not provided in a timely manner. This is discussed more fully in section 4.4.

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. Staff were mentored by an experienced member of staff during their induction period. Records for one staff member were reviewed and found to be completed in full and dated and signed appropriately by both the inductee and the mentor.

Discussion with the deputy manager and staff evidenced that a system was in place to ensure staff attended mandatory training. Review of the training matrix/schedule for 2016 indicated that training was planned to ensure that mandatory and other training requirements were met. Training outcomes for 2016, so far, indicated the percentage of approximately 62 staff completing training was as follows:

- fire safety – theory 100%
- fire safety practice – 81% with only 12 staff still to complete
- moving and handling – 93%
- adult safeguarding awareness – 91%
- basic life support – 83%
- food hygiene – 92%.

Staff consulted and observation of care delivery and interactions with patients clearly demonstrated that knowledge and skills gained through training and experience were embedded into practice. Staff were confident in carrying out their role and function in the home. The deputy manager and staff demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. RQIA were assured that 100% compliance in training compliance was the objective of management. The level of staff compliance with training requirements, so far this year, was commended.

Discussion with the deputy 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).

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 risk assessments informed the care planning process.

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. Information from the falls audit, and other audits, informed the responsible individual's monthly monitoring visit in accordance with the Nursing Home Regulations (Northern Ireland) 2005 - regulation 29.

Staff spoken with confirmed that nursing staff and senior care staff were knowledgeable of the actions to be taken in the event of an emergency. Review of accidents/incidents records confirmed that notifications were forwarded to RQIA appropriately.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, and clean throughout. Housekeeping staff were commended for their efforts. Improvements had been made to the environment since the last inspection which included the opening of the 'Yellow Rose Café' in the foyer. Patients and staff spoken with were complimentary in respect of the home's environment. One relative raised concerns regarding the management of malodour in their loved one's bedroom and the length of time it was taking to replace the flooring. This was raised with the deputy manager during feedback. RQIA were informed by the registered manager on 2 August 2016, by email, that the bedroom flooring had been replaced.

As stated previously staff raised concern about working in the hot weather and the temperature of the first floor. It was also evident that the temperature of the treatment was of concern given that medications were stored in this area. The deputy manager demonstrated that the temperature of the room and the refrigerator was monitored on at least a daily basis and if required concerns about the temperature escalated to management. Advice was sought by the inspector from a pharmacist inspector and the advice provided relayed to the deputy manager regarding the maximum temperature that medicines should be stored at and actions that could be taken to reduce the room temperature. A recommendation was made and the inspections findings shared with the home's aligned pharmacist inspector.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

Areas for improvement

A recommendation was made regarding the management of the first floor's treatment room environment to ensure medicines are stored correctly; in relation to maximum temperatures for storage.

Number of requirements:	0	Number of recommendations:	1
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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. Risk assessments informed the care planning process. There was evidence registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. It was evident that 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 dieticians.

Care charts such as repositioning and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Only one of the six patients' reposition charts reviewed had a 'gap' in recording the care delivered. This was discussed with care staff and the deputy manager. Staff demonstrated an awareness of the importance of contemporaneous record keeping.

Review of three patient care records and care planning evidenced that care was in the main patient centred and relevant to meeting patients' assessed needs. However, advice was provided to the deputy manager regarding the content of one care plan relating to the management of a specific need. Discussion confirmed that the right care was delivered but the care plan did not reflect this because the care plan was not specific or measurable and lacked the necessary detail to direct staff on specific care delivery.

Staff were also aware of the importance of patient information/records being held confidentially. However, observation evidenced that in some bedrooms personal information regarding care and treatment was displayed on walls or wardrobe doors. RQIA acknowledged that staff, and on occasion relatives/visitors, needed to be made aware of concerns, but a recommendation was made that the displaying of patient information be reviewed to ensure that patients right to privacy and dignity are upheld at all times.

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

Discussion with staff confirmed that all nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff also confirmed that regular staff meetings were held and minutes were made available. Minutes for the staff meetings held in April, May and June 2016 were reviewed.

Staff stated they knew they worked together effectively as a team because they communicated effectively and patients 'came first'. Staff stated that they felt proud to be able to make a difference to patients' quality of life. Staff confirmed they could raise their concerns with senior staff and were confident of support and, if required, confidentiality. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

As discussed in section 4.3 observation of care delivery was found to meet patient needs. The only exception to this was observation of the care provided over the lunch time period which was evidenced to impact on the mealtime experience for patients. Staff were observed to provide assistance on a one to one basis in accordance with best practice guidance. However, three patients in the dining room on the ground floor were observed with their meal or dessert in front of them without any support available to encourage them to eat or to provide assistance with eating the food. The meals were cold. Discussion with staff confirmed that there was not enough staff available to provide the one to one care required to meet the needs of all the patients during the current mealtime arrangements.

Observation on the first floor revealed that the majority of patients on the first floor were accommodated in the lounge/dining area during the meal time. While some patients choose to eat in their own bedrooms it was evident that there was not enough room in the lounge/dining room and the two patients observed seated at the dining tables could not exit the area because of equipment and staff were struggling to move between patients to serve the meal and to provide assistance. It was also concerning that if a patient needed emergency assistance the overcrowding in the area could have the potential to delay this care. This was discussed with the deputy manager because the home has a large dining room on the ground floor adjacent to the kitchen. A recommendation was made.

Patient spoken with expressed their confidence in raising concerns with the home's staff and/or management. As discussed previously one relative raised concerns regarding the delay in replacing the flooring in their loved one's bedroom. However, this relative also stated that the home was 'really homely' and 'the care and love, from staff, was excellent'. Patients and relatives were aware of who their named nurse was and knew the registered manager.

There was information available to staff, patients and relatives in relation to advocacy services.

Areas for improvement

A recommendation was made in relation to patient information being held confidentially.

A recommendation was made in relation to reviewing the mealtime experience of patients. For example, review of the number of patients requiring one to one assistance; and the overcrowding of the first floor lounge/dining room which compromises the delivery of effective care as well as a positive mealtime experience.

Number of requirements:	0	Number of recommendations:	2
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4.5 Is care compassionate?

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. It was evident that there were good relationships between patients and staff. During one period of observation a staff member from care staff was observed to be serving the midmorning tea/coffee and snack in one of the lounges. The chat, banter and interactions between the staff member and a number of the patients in the lounge were excellent. It was evident that the staff member knew the patients well and those patients were comfortable with them.

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

Discussion with patients and staff and review of care records evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Discussion with patients and review of the information displayed in the foyer confirmed that a variety of 'activities' were available in the home. For example, one patient said they really enjoyed the 'Knit and Natter' club and was busy knitting for when the 'activity lady came back'. Other activities advertised were, 'Move it or Lose it' exercise classes, board games and the 'Charlie Chaplin' club every Thursday. In addition, patients and their relative had use of the home's Yellow Rose Café and the relaxation room, both of which located on the ground floor.

Discussion with the deputy manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. Patients and their relatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. The records pertaining to consultation with patients and their relatives/representatives, including outcomes, were not reviewed on this occasion.

Consultation with patients individually, and with others in smaller groups, confirmed that living in Kintullagh Care Home was a positive experience.

Patient comments to the inspector included:

- 'I would rather be at home but the staff are good but very busy'
- 'Girls are very good here and they look after us all'
- 'Girls are great'
- 'I am content'.

In addition, eight patient questionnaires were provided by RQIA for distribution by the deputy manager. None were returned.

Relatives spoken with were very positive in relation to the care delivered, the environment, staff attitude and management of the home; despite raising a concern, as recorded in the previous sections. In addition 10 relative/representatives' questionnaires were provided by RQIA to the deputy manager for distribution. At the time of issuing this report none had been returned.

Comments made by staff during the inspection are included throughout the report. In addition, 10 staff questionnaires were provided by RQIA for distribution, by the deputy manager, to staff not on duty during the inspection. At the time of issuing this report six questionnaires had been returned. Responses for each domain varied between very satisfied and satisfied in relation to its care safe, effective and compassionate. Three staff recorded comments regarding the staffing levels being 'short' at times which reflect the comments made to the inspector as detailed in section 4.3. Responses in relation to the domain 'Is the service well led?' included three staff who indicated dissatisfaction with this domain but did not add any additional comments. Staff spoken with on the day of inspection commented positively regarding the registered manager's leadership and management skills. Details can be viewed in section 4.6.

Areas for improvement

No areas for improvement were identified during the inspection.

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

The registered manager was on annual leave during this inspection and the inspection process was facilitated by the deputy manager. The deputy manager was able to access and provide records on request. It was evident that the registered manager ensured that her team were conversant with the home's management and governance processes and could access required records and data in her absence. It was also evident that the deputy manager was confident in her role and had support from her manager and the staff team. This was commended to the regional care director when he spoke with the inspector during the inspection and to the deputy manager during feedback.

Discussion with the deputy 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.

The registration certificate was up to date and displayed appropriately. A valid certificate of public liability insurance was current and displayed. Discussion with the deputy manager and observations evidenced that the home was operating within its registered categories of care.

Discussion with the deputy manager and review of the home's complaints record evidenced that complaints were managed in accordance with the Nursing Homes Regulations (Northern Ireland) 2005- regulation 24 and the DHSSPS Care Standards for Nursing Homes 2015. Patients and relatives spoken with confirmed that they were aware of the home's complaints procedure. Patients were aware of who the registered manager was and referred to her as Jill.

Discussion with the deputy 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 1 January 2016 confirmed that these were managed appropriately.

Discussion with the deputy manager and staff; 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, care records, infection prevention and control, environment, complaints and incidents/accidents. Records were maintained appropriately when identified shortfalls required to be addressed.

Discussion with the deputy manager confirmed that the regional care director undertook unannounced monitoring visits on behalf of the responsible individual, Mr Logan. Records of visits undertaken since 1 January 2016 were available to patients, their relatives, staff and Trust representatives. Review of the report for the visit undertaken on 7 June 2016 confirmed that an action plan was generated, as required, to address any areas for improvement

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.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Staff spoken with were complimentary regarding the registered manager and stated that they felt confident to deliver care and other services under her leadership and guidance. One staff member stated, 'I can go to her about anything'. Another staff member stated, 'this is a great home, girls are lovely, Jill is so good she cares about people and is well organised'.

As discussed in the preceding sections it was evident that the registered manager had implemented and managed systems of working within the home which were patient focused, impacted positively on the patient experience and involved and encouraged staff to deliver care appropriately to meet the assessed needs of patients. The registered manager was available to patients, their relatives and operated an 'open door' policy for contacting her. This was commended. Compliance with the recommendations made will further enhance the patient experience.

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 Ms Julie-Anne Jameson, deputy 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 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 the completed QIP to nursing.team@rqia.org.uk 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

Recommendations

Recommendation 1

Ref: Standard 30

Stated: First time

To be completed by:
Immediate action
required

The registered person should ensure that the first floor's treatment room environment is effectively managed to ensure medicines are stored in accordance with the manufacturer's instructions in relation to maximum temperatures for storage.

Ref: Section 4.3

Response by registered provider detailing the actions taken:

When manager checked the temperature probe it was not in the glycerin correctly and was giving false readings for the room and fridge. This was corrected immediately and more accurate temperature recordings were obtained. Memo was sent to staff to ensure probe is in glycerin during daily reading. Head of maintenance Neil sheilds will be informed of room temperature readings that are above 25degreesC. Air con units available to be used daily in unit. Manager continues to monitor.

Recommendation 2

Ref: Standard 6.1

Stated: First time

To be completed by:
Immediate action
required

The registered provider should ensure that the displaying of patient information in bedrooms is reviewed to ensure that patients' right to privacy and dignity are upheld at all times and that all patient information is held confidentially.

Ref: Section 4.4

Response by registered provider detailing the actions taken:

Posters displaying aspects of care removed immediately from resident rooms

<p>Recommendation 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2016</p>	<p>The registered provider should ensure that the patients' mealtime experience is reviewed throughout the home to ensure patients' needs are met and that the experience is an enjoyable and a positive experience. The review should include review of the following areas:</p> <ul style="list-style-type: none"> • patients are assisted with their meal in a timely manner and in keeping with their assessed needs • the number of patients using the first floor dining space is reviewed to enable patients to move freely and safely and staff to deliver care safely and effectively <p>Ref: Section 4.4</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>Manager had tried a staffing review for one month in the unit observed and feedback from staff was unfavourable. From 01.08.16 the unit was returned to previous staffing levels.</p> <p>A memo to staff was circulated that food is not to be placed in front of resident until staff ready to assist. Manager and Activity coordinator are on hand to assist at meal times.</p> <p>Manger continues to review meal time experience in a documented assessment format</p> <p>Oak unit one of the dining tables was moved to the other lounge of the unit and has created more space in lounge observed on day of inspection and a dining area for the residents who use the other lounge</p>

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address



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