

Unannounced Care Inspection Report 18 July 2016



Rathmena

Type of Service: Nursing Home
Address: 26 Rathmena Gardens, Ballyclare, BT39 9HU
Tel No: 02893322980
Inspector: Karen Scarlett

1.0 Summary

An unannounced inspection of Rathmena took place on 18 July 2016 from 09:25 to 16:05 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?

A robust system for mandatory training was in place and staff were knowledgeable regarding their responsibilities in adult safeguarding. The environment was found to be clean and comfortable. Systems were in place to ensure sufficient staffing levels and safe recruitment practices. Concerns were identified with staff deployment during the lunch time meal which resulted in a lack of supervision of patients in the dining room. One requirement and one recommendation have been made in this regard in order to drive improvement.

Is care effective?

Systems were in place to enable good communication amongst staff in the home and there was evidence that regular staff meetings were held to discuss concerns. Patients and relatives spoken with were confident in raising concerns with the manager and staff. Although there was evidence of an improvement in the standard of person-centred care planning, care records were not always reflective of the current needs of the patient and a requirement in this regard has been stated for the second time. Weaknesses were also identified in relation to the completion of Malnutrition Universal Screening Tool (MUST) assessments and a recommendation has been made.

Is care compassionate?

There was evidence of good relationships between staff and patients and staff were noted to be delivering care in a patient and timely manner. Patients spoken with commented positively on the care provided and there were a number of thank you cards from relatives viewed. Two patient questionnaires and five staff questionnaires were returned which raised a number of concerns. In the absence of the registered manager, these comments were shared with the regional manager following the inspection and a recommendation has been made that patient satisfaction levels are reviewed in light of these comments.

Is the service well led?

There was evidence that systems were in place for incident reporting, auditing and management of safety alerts. Monthly monitoring visits were carried out in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 and an action plan was put in place with evidence that issues had been addressed month on month.

Weaknesses were identified in the complaints process, in that the satisfaction level of the complainant was not recorded. A recommendation has been made in this regard. A misleading statement was also included in the annual report regards compliance with the requirement and recommendations made at the previous care inspection. A recommendation has been made. A requirement has been stated for the second time and one requirement and four recommendations have been made in the other three domains which have the potential to impact on the 'well led' domain.

Throughout the report the term 'patients' is used to describe those living in Rathmena which provides both nursing and residential care.

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	2*	5

*The total number of requirements includes one requirement regarding care planning which has been stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Wendy McMaster, registered manager, as part of the inspection process. Following the inspection the comments in the returned questionnaire were shared with the regional manager, Louisa Rea, as the registered manager was on leave. 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 2 June 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

Registered organisation/registered provider: Four Seasons Healthcare Maureen Claire Royston	Registered manager: Wendy McMaster
Person in charge of the home at the time of inspection: Wendy McMaster	Date manager registered: 3 April 2013
Categories of care: NH-PH, NH-PH(E), RC-I, NH-LD, NH-LD(E), NH-I Not more than four persons in categories NH-LD and NH-LD(E) to be accommodated at any one time	Number of registered places: 29

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report
- pre-inspection audit

During the inspection we spoke with five patients individually and with others in small groups, three care staff, the deputy manager, one pre-registration nurse, one staff from housekeeping and two patient's representatives.

In addition questionnaires were provided for distribution by the registered manager; 10 for relatives/representatives; 10 for staff not on duty at the inspection and five for patients. Two patients and five staff returned questionnaires and their comments are included throughout the report. A recommendation has been made to address the comments in the returned questionnaires. Please refer to section 4.5 for further information.

The following information was examined during the inspection:

- staff duty rotas from 11 July to 24 July 2016
- staff training records
- incident and accident records
- one staff member's personnel file
- three patient care records
- a selection of medication records
- staff meeting minutes
- annual quality report
- complaints records
- a selection of audits
- monthly quality monitoring reports
- records pertaining to 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 2 June 2016

The most recent inspection of the home was an announced estates inspection. The completed QIP is to be 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, 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 14 December 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 16 (1) and 16 (2) (b) Stated: First time	The registered person must ensure that nursing care records are revised as and when patients need change.	Not Met
	Action taken as confirmed during the inspection: Three patient care records were reviewed. In one patient's care record the needs assessment had not been reviewed since February 2015 and was therefore, not reflective of the patient's current condition. It was further noted that care plans for mobility and personal care had not been updated and were not current. This requirement has not been met and has been stated for the second time.	

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 37 Stated: First time	It is recommended that registered nurses are provided with training in developing care plans. Care plans should include interventions and evaluation statements that are measurable, specific and relate to the assessed needs of the patient.	Met
	Action taken as confirmed during the inspection: The majority of registered nurses had received training in person centred care planning. There was a notable improvement in the quality of the care plans in the records reviewed with evidence of specific and individualised interventions. This recommendation has been met.	
Recommendation 2 Ref: Standard 4 Criteria 7 Stated: First time	Re-assessment of patients' needs should be an ongoing process and be carried out daily and at agreed time intervals. This is in relation to: <ul style="list-style-type: none"> • Pain assessments must be carried out, documented and kept under regular review to ensure that these needs are met and the effectiveness of any analgesia is documented. 	Met
	Action taken as confirmed during the inspection: A selection of patients' medication records was reviewed. Those patients who were prescribed analgesia had a pain assessment carried out and these were reviewed at least daily. If analgesia was required the effect of the analgesia had been documented. Care plans were also in place for pain management. This recommendation has been met.	

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. Four of the five staff questionnaire respondents were of the opinion that there were insufficient staff on at night. Two patients returned questionnaires and expressed concerns regarding staffing. Discussion with the registered manager and a review of duty rotas for nursing and care staff confirmed that planned staffing levels were adhered to. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

There were concerns regarding the staff deployment and direction during observation of the lunch service in the dining room. Six patients were in the dining room and only one nurse was present. The nurse was observed to be attempting to assist two patients with their meals at the same time whilst trying to supervise the other patients in the dining room. As a result the patients' meals were going cold as she had to get up and down frequently to attend to other patients. One patient was attempting to eat their meal with their hands. The registered manager was asked to intervene to direct the meal service to ensure that patients' needs were met and patients were safely supervised. It was observed that one registered nurse and one care assistant were not engaged in the service of the meal. It was further noted that some patients preferred to take their meal in seating areas in the corridors. In one such area, outside a bathroom, a strong malodour was noted and a meal was observed to have been left uneaten on a table outside.

This was later discussed with the registered manager who was concerned by the experience of the patients on that day and stated that this would not be the usual experience. She explained that one care assistant had gone home sick at short notice. She acknowledged that they had a number of junior staff on duty who may be less experienced in directing the mealtime service. She stated that she had spoken to the deputy manager and arranged for more junior staff to have supervision in the direction of the meal time service. One requirement and a recommendation have been made.

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. The deputy manager was observed to be mentoring and supervising a pre-registration nurse with medications. The nurse confirmed that they had undertaken induction and training and was well supported by colleagues and the registered manager.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. 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. The overall compliance rate with the mandatory training in the home was 92% and this included first aid, manual handling, adult safeguarding, dementia awareness, infection prevention and control and health and safety training. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Discussion with the registered manager and review of records evidenced that the system 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. Discussion with the registered manager and review of records 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.

Review of three 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. A concern was identified regarding the completion of MUST nutritional risk assessments. Please refer to section 4.4 for further information.

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 last inspection confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, the lounge, the dining room and storage areas. The home was found to be warm, well decorated and clean throughout. A box of gloves and a roll of clinical waste bags were found in one bathroom and the manager addressed this on the day of inspection.

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 requirement has been made that the meal time service is reviewed to ensure that this is conducted so as to ensure that patients are appropriately supervised.

A recommendation has been made that registered nurses and care staff receive training/supervision to emphasise the importance of meal times in accordance with best practice and the home's policies and procedures.

Number of requirements:	1	Number of recommendations:	1
--------------------------------	----------	-----------------------------------	----------

4.4 Is care effective?

Review of three 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. In one record it was noted that a patient had lost a significant amount of weight in the previous four weeks. The MUST nutritional risk assessment had been completed but was inaccurately totalled and did not reflect the weight loss. There was no evidence of referral to a dietician. The manager reviewed the 'weight book' and discovered that the wrong patient's weight had been transcribed into this patient's record. The patient did not, therefore, have a significant weight loss. However, it was concerning that this had not been identified by the nurse making the record and no action had been triggered in response to the risk assessment/weight loss. A recommendation has been made that registered nurses receive training in the completion of MUST risk assessments to ensure that these are accurate and that appropriate actions are taken to address any identified deficits.

Two of the three care records accurately reflected the assessed needs of patients but one record did not. A requirement made in this regard has been stated for a second time. There was evidence that care plans 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. As previously stated, there was evidence of improvement in person-centred care planning, particularly in newly created care plans and the learning from recent training was being put in to practice. In

discussion with the manager it was agreed that the same standard should be applied to longer standing care plans to ensure that these are also current and individualised.

Supplementary care charts, such as repositioning and bed rails checks, evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements.

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 spoken with confirmed that the shift handover provided the necessary information regarding any changes in patients' condition. A nurses' diary was in use to communicate any tasks and issues from one shift to the next. The GP visited once a week and a book was maintained of any non-urgent issues to be addressed at their next visit. A nurse in charge folder was also available containing urgent contact information such as, manager on call and utilities company emergency numbers. Three staff questionnaire respondents expressed dissatisfaction within the effective domain and two of these staff commented that 'communication is poor' and that some nurses were better at handover than others. Two other staff respondents expressed satisfaction within the effective domain. These comments were shared with the regional manager following the inspection.

Discussion with the registered manager confirmed that staff meetings were held on a quarterly basis and records were maintained. Meetings had been held in January and April 2016 and attendees and minutes had been taken and were available to staff. One staff questionnaire respondent stated that they had not been made aware of staff meetings and were rarely asked for their opinion on the running of the home.

Staff spoken with 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 line manager and the registered manager.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with the registered manager confirmed that formal patient relatives meetings were not being held due to regular non-attendance. The manager maintained an 'open door' policy with relatives and this was very evident at the inspection. Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/ management. Patients and representatives spoken with were aware of who their named nurse was and knew the registered manager.

Areas for improvement

It is recommended that staff receive training in the accurate completion of MUST assessments and on the actions required if a deficit is identified.

A previous requirement regarding care planning has also been stated for a second time.

Number of requirements	0	Number of recommendations:	1
-------------------------------	----------	-----------------------------------	----------

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. Patients were observed to be clean, tidy and well groomed. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. One patient was noted to be quite agitated during the delivery of personal care and staff were observed to be very patient and reassuring. 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.

Patients' choice of fluids were noted to be readily available and a well-stocked tea trolley was noted to serve a selection of hot and cold drinks and snacks mid-morning and mid-afternoon, including options for those on a modified diet.

Ten questionnaires were left for patients' representatives to complete and none were returned. A number of thank you cards were noted with relatives commenting positively on the care provided to their loved ones. One patients' representative expressed dissatisfaction with the care provided to their relative, specifically in relation to the management of medications. Permission was given to pass her concerns on to the registered manager. It was noted that the relative was already conversing with the registered manager prior to RQIA passing on concerns. In later discussion with the registered manager assurances were given that these matters had been already been referred to the appropriate medical professionals and were being kept under regular review.

The questionnaires received from patients and staff following the inspection contained a number of negative comments which were contrary to the findings on the day of the inspection.

Five staff members returned questionnaires and three respondents expressed dissatisfaction within the compassionate domain. These three respondents commented that the service users were not properly listened too, care assistants attitude was not respectful, there was insufficient attention to dignity and there were too few activities.

Five patients were spoken with and were satisfied with the care provided and with the staff. One patient commented that they had complained about small things and their concerns had been addressed. Patients stated that the food was good and there was plenty of it. Two patient questionnaires were returned. One respondent expressed satisfaction within the compassionate domain. One respondent expressed a concern. When asked if you can make choices on a day to day basis, this respondent commented:

“No this is taken over by the nurses who sometimes don’t pay attention to the things I ask them.”

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 through Four Seasons ‘Quality of Life’ (QOL) system. Views and comments recorded were analysed and an action plan was developed and shared with staff, patients and representatives. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. The comments of patients and staff in the questionnaires were shared with the regional manager following the inspection. In light of the questionnaire feedback received from patients and staff following the inspection a recommendation has been made that the registered persons assess patients’ level of satisfaction and address any concerns accordingly.

Areas for improvement

A recommendation has been made that the registered persons should review the negative comments made by patients and staff following the inspection. Patients’ level of satisfaction should be assessed effectively and any concerns addressed accordingly.

Number of requirements:	0	Number of recommendations:	1
--------------------------------	----------	-----------------------------------	----------

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 the staff in the home and whom they should speak to if they had a concern. Staff were able to identify the person in charge of the home. Two staff questionnaire expressed satisfaction with the management in the home. Three staff questionnaire respondents stated that the manager did not engage with the patients on a regular basis. One respondent stated that the manager would listen if there were any problems.

Patients confirmed that they were confident that staff and management would manage any concern raised by them appropriately. Patients spoken with were aware of who the registered manager was and one patient commented that the manager was ‘lovely’. Two patients returned questionnaires and one expressed satisfaction with the management of the home. The other respondent commented that the manager had only spoken to them on a few occasions and that they were not asked for their opinion on things that happened in the home.

The comments of staff and patients were shared with the regional manager following the inspection, as the registered manager was on leave. A recommendation was made under section 4.5 that the concerns raised are effectively addressed. The regional manager stated that meetings would be arranged with staff and residents/relatives to address the issues raised in the questionnaires. She also planned to emphasise the various ways in which patients could feed back on the quality of services including the registered manager, the regional manager, the 'Quality of Life' (QOL) system, care managers and advocacy services. It is also to be emphasised to staff that they can feed back anonymously using the 'QOL' system. She agreed to address the comments regarding leadership with the registered manager.

The registration certificate and certificate of public liability insurance was current and displayed. Discussion with the registered manager and observations evidenced that the home was operating within its registered categories of care.

The registered manager confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis. Policies and procedures were indexed, dated and approved by the registered provider. Any new policies and procedures were brought to the attention of staff at their staff meetings.

Discussion with the registered manager and review of the home's complaints record evidenced that a complaints procedure was in place. There was evidence that the complaint details had been recorded, the complainant responded to, an investigation carried out and the outcome of this investigation recorded. Any learning or actions for the staff were identified as appropriate. However, on review there was no record as to the level of satisfaction of the complainant with the outcome of the investigation into their complaint or how this had been determined. A recommendation has been made in this regard.

The annual report for the home was reviewed. This was published on 30 January 2016 and was appended to the Statement of Purpose which was available in the foyer of the home. It was noted that the author had stated that the requirement and recommendations from the inspection in December 2015 had been met. This was a misleading statement as these were only being validated by RQIA at this inspection and one requirement was stated for a second time. This was discussed with the registered manager who agreed to amend this to reflect the outcome of this inspection. A recommendation has been made.

A review of notifications of incidents to RQIA during the previous inspection year/or since the last care inspection confirmed that these were managed appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in 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.

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. Relevant alerts were shared with staff and they signed a form to state that they had read them. The registered manager also collated alerts regarding staff and their fitness to 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 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 for improvement

The registered provider should ensure that the complaints records include the level of satisfaction of the complainant and how this level of satisfaction was determined.

The registered provider should ensure that the annual report dated 30 January 2016 is amended to correct a misleading statement regards compliance with the requirement and recommendations made at the inspection in December 2015 which had yet to be validated by RQIA. An amended copy should be submitted along with the return of the QIP.

A requirement has been stated for the second time and one requirement and four recommendations have been made in the other three domains which have the potential to impact on the 'well led' domain.

Number of requirements	0	Number of recommendations:	2
-------------------------------	----------	-----------------------------------	----------

5.0 Quality improvement plan

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

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

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

5.1 Statutory requirements

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

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider 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 review by the inspector.

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

Quality Improvement Plan	
Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 16 (1) and 16 (2) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 18 September 2016</p>	<p>The registered person must ensure that nursing care records are revised as and when patients need changes.</p> <p>Ref: Section 4.2</p>
	<p>Response by registered provider detailing the actions taken: Nursing Care Records are being reviewed to ensure that they reflect the residents current needs. Supervision sessions are being carried out with as required. Care records are audited on weekly basis and a matrix is in place.</p>
<p>Requirement 2</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered provider must ensure that the nursing home is conducted so as to make proper provision for the supervision of patients during meal times.</p> <p>Ref: Section 4.3</p>
	<p>Response by registered provider detailing the actions taken: A quality dining audit has been completed and an action plan implemented to address any issues. The home manager monitors the dining experience on a weekly basis and issues are discussed with the staff team. A review has also been completed of residents current needs and types of diet and assistance required.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 18 August 2016</p>	<p>The registered provider should ensure that registered nurses and care staff receive training/ supervision to emphasise the importance of meal times in accordance with best practice and the home's policies and procedures.</p> <p>Ref: Section 4.3</p>
	<p>Response by registered provider detailing the actions taken: Training has been arranged for September in regards to nutrition and the dining experience. Ongoing supervision is also taking place and the nutrition policy has been made available for all staff to access. Food questionnaires have also been completed to reflect residents input to menu planning.</p>

<p>Recommendation 2</p> <p>Ref: Standard 12, criteria 4, 5 and 12</p> <p>Stated: First time</p> <p>To be completed by: 18 October 2016</p>	<p>The registered provider should ensure that registered nursing staff receive training regarding the completion of MUST risk assessment to ensure that these are accurately recorded and appropriate action is taken when deficits are identified.</p> <p>Ref: Section 4.4</p>
	<p>Response by registered provider detailing the actions taken: MUST training has been arranged for Spetember 2016. The MUST score has been reviewed for each resident to ensure that these are accurate and referrals have been where necessary to the GP/Dietician</p>
<p>Recommendation 3</p> <p>Ref: Standard 16</p> <p>Stated: First time</p> <p>To be completed by: 18 August 2016</p>	<p>The registered persons should review the negative comments made by patients and staff following the inspection. Patients' level of satisfaction should be assessed effectively and any concerns addressed accordingly.</p> <p>Ref: Section 4.5</p>
	<p>Response by registered provider detailing the actions taken: A staff and relatives/residents meeting was held on 8.8.2016 to discuss any issues. Complaints have been logged and an action plan implemented to address any issues. This will kept under review via the Quality of Life ipad feedback system.</p>
<p>Recommendation 4</p> <p>Ref: Standard 16, criterion 11</p> <p>Stated: First time</p> <p>To be completed by: 18 August 2016</p>	<p>The registered provider should ensure that the complaints records include the level of satisfaction of the complainant and how this level of satisfaction was determined.</p> <p>Ref: Section 4.6</p>
	<p>Response by registered provider detailing the actions taken: Complaints are reviewed by the home manager on a monthly basis. The home manager reflects the level of satisfaction of the complainant and how this has been evidenced.</p>
<p>Recommendation 5</p> <p>Ref: Standard 35, criterion 16</p> <p>Stated: First time</p> <p>To be completed by: with the return of the QIP</p>	<p>The registered provider should ensure that the annual report dated 30 January 2016 is amended to correct a misleading statement regards compliance with the requirement and recommendations made at the inspection on 14 December 2015 which had yet to be validated by RQIA. An amended copy should be submitted along with the return of the QIP and made available to patients and their representatives.</p> <p>Ref: Section 4.6</p>
	<p>Response by registered provider detailing the actions taken: the annual review has been ammended and the misleading statement has been removed. A copy will be sent to RQIA as requested.</p>



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
Web www.rqia.org.uk
@RQIANews