



# Unannounced Care Inspection Report

## 28 May 2019



## Aughnacloy House

**Type of Service: Nursing Home (NH)**

**Address: 2 Tandragee Road, Lurgan, Craigavon, BT66 8TL**

**Tel No: 02838346400**

**Inspector: Julie Palmer and Raymond Sayers**

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Assurance, Challenge and Improvement in Health and Social Care

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

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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 71 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> MD Healthcare Ltd  <b>Responsible Individual:</b> Lesley Catherine Megarity	<b>Registered Manager and date registered:</b> Constance Mitchell 12 February 2015
<b>Person in charge at the time of inspection:</b> Constance Mitchell	<b>Number of registered places:</b> 71
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 69  33 patients in category NH-DE located on the first floor only. The home is also approved to provide care on a day basis only to 4 persons.

### 4.0 Inspection summary

An unannounced inspection took place on 28 May 2019 from 09.20 hours to 19.15 hours. The inspection was undertaken by the care inspector and the estates inspector who was present from 10.10 hours to 12.10 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to risk assessment, communication between patients and staff, management of falls, the mealtime experience, the culture and ethos in the home, activities on offer and governance arrangements.

Areas requiring improvement were identified in relation to recording of wound care, effective cleaning of identified areas in bathrooms, effective cleaning of a medical device, staff deployment, timing of meals and snacks and recording of fluid intake via the enteral route.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	*6

\*The total number of areas for improvement include two which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Constance Mitchell, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 4.2 Action/enforcement taken following the most recent inspection dated 12 December 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 12 December 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including estates, pharmacy and finance issues, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 20 May to 2 June 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- four patient care records including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- staff appraisal and supervision records
- registered nurse competency records
- complaints and compliments records
- a sample of monthly quality monitoring reports from December 2019
- annual quality report for 2018
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of outstanding areas for improvement from previous inspections**

Areas of improvement identified at the previous care inspection have been reviewed. Areas of improvement were identified in relation to effective cleaning of shower and sink drains, ensuring call bells were conveniently placed, review of the morning routine and care plans for distressed reactions. Of the four areas of improvement identified, three were met; one was not met and has been included in the QIP at the back of this report.

Areas of improvement identified at the previous estates inspection have been reviewed. All three improvement items listed in the previous estates inspection QIP have been met.

Areas of improvement identified at the previous medicines management inspection have been reviewed. Of the two areas for improvement identified, one was met; the other was partially met and has been included in the QIP at the back of this report.

## 6.2 Inspection findings

### 6.3 Is care safe?

#### **Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to monthly review to ensure the assessed needs of the patients were met. A review of the staffing rota from 20 May to 2 June 2019 evidenced that the planned daily staffing levels were adhered to. Staff spoken with were satisfied there were sufficient staff on duty to meet the needs of the patients and shifts were generally 'covered'.

We also sought staff opinion on staffing via the online survey; no responses were received.

Patients spoken with were not always satisfied there were enough staff on duty to meet their needs. Comments included:

- "Not enough carers, I sometimes have to wait an hour for help."
- "My buzzer is not answered half the time."
- "Sometimes you have to wait a long time for staff to come."
- "I like the people but it can be slow for the toilet."
- "I have to wait a while on staff; sometimes the bell is not answered."

Patients' visitors spoken with were satisfied with staffing levels although one commented that "I worry about staffing levels at weekends and feel this affects care".

Comments made by staff, patients and patients' visitors were discussed with the registered manager who confirmed that short notice leave was generally 'covered' by bank or agency staff. We were also informed that recruitment for health care assistants was ongoing and a registered nurse had commenced employment in the home that day.

We also sought the opinion of patients and patients' visitors on staffing levels via questionnaires; no responses were received.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Patients who were in their rooms were observed to have call bells within reach; we noted that call bells were answered promptly. Convenient placing of call bells was identified as an area for improvement at the previous care inspection and had been met.

However, we observed that, although there was a sufficient number of registered nurses on duty, the medicine round in the ground floor unit was still ongoing at 11.10 hours. The morning routine and deployment of staff to promote the timely administration of medicines had been identified as an area for improvement at the previous care inspection and required further review to ensure the needs of patients were met in a timely manner. This area for improvement had not been met and will therefore be stated for a second time.

Review of two staff recruitment and induction files evidenced that appropriate pre-employment checks had been completed to ensure staff were suitable to work with patients in the home. Enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work.

Discussion with staff and review of records confirmed they had completed a period of induction on commencement of employment in the home.

Review of the staff supervision and appraisal schedule and the registered nurses' competency and capability schedule maintained within the home evidenced that staff were supported to carry out their role and were competent to do so. Staff spoken with confirmed that they received regular supervision and a yearly appraisal.

Review of records confirmed there was a system in place to monitor the registration status of nursing staff with the NMC and care staff with NISCC. New care staff were required to join the NISCC register as soon as possible following commencement of employment.

Discussion with staff confirmed they were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding, their duty to report concerns and the home's whistleblowing policy.

Infection prevention and control (IPC) measures were observed to be adhered to within the home. Personal protective equipment (PPE) was readily available and stations were well stocked. Staff were observed to use PPE appropriately and to carry out hand hygiene as necessary.

Discussion with the registered manager and review of records confirmed that, on at least a monthly basis, falls occurring in the home were analysed to identify if any patterns or trends were emerging and an action plan was devised if necessary.

We reviewed the home's environment; this included observations of a sample of bedrooms, bathrooms, lounges, dining rooms, treatment rooms, sluices and storage areas. The home was found to be warm, clean and fresh smelling throughout. Patients' bedrooms were tastefully decorated and had been personalised with items, such as pictures and ornaments, which were meaningful to them.

We observed that some bathrooms reviewed were in need of refurbishment and/or redecoration. This was discussed with the registered manager who confirmed a bathroom refurbishment action plan was in place; improvements were planned in stages with a completion date of August 2020. Following the inspection the registered manager provided us with a copy of the refurbishment plan and also informed us that an outside contractor had been employed for a two week period in June 2019 to redecorate identified bathrooms.

Thorough cleaning of sink and shower drains had been identified as an area for improvement. Sink and shower drains reviewed were observed to be clean; this area for improvement had been met.

Review of records evidenced that there was system in place to record that bathrooms were cleaned and checked twice daily. However, we noted that the underside of soap dispensers in three identified bathrooms and a bath in one identified bathroom required more effective cleaning. An area for improvement was made in relation to ensuring effective cleaning of bathrooms was maintained and that the system in place to monitor this was robust.



We also observed that an enteral feed pump in use for an individual patient required more effective cleaning; an area for improvement was made.

Patients and patients’ visitors were complimentary about cleanliness in the home, comments included:

- “It’s cleaned every day, it’s fabulous.”
- “Nice and clean.”
- “Spotless.”
- “Very, very, very clean.”

Fire exits and corridors were observed to be clear of clutter and obstruction. Review of training records confirmed that staff were provided with two fire safety training sessions per year.

Areas for improvement generated at the previous medicines management inspection have also been reviewed by the care inspector. Review of enteral feed and fluid charts for patients who required medicines and nutrition administered via the enteral route evidenced that the daily feed and fluid intake was recorded. However, the total fluid intake for the 24 hour period was not calculated or recorded and it was therefore not clear if patients were achieving their recommended daily fluid intake. This area for improvement had been partially met and will be stated for a second time. Review of care plans pertaining to the management of distressed reactions evidenced that they clearly defined the behaviour displayed by the individual patient and included a support plan. A distressed reaction record form was maintained if prescribed medication was administered as part of the support plan for the management of distressed reactions. This area for improvement had been met.

**Areas of good practice**

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

**Areas for improvement**

Additional areas for improvement were identified in this domain in relation to ensuring effective cleaning of bathrooms and the identified enteral feed pump and ensuring systems in place to monitor cleaning of these areas are robust.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	2

**6.4 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

We observed the daily routine in the home and it was obvious that staff knew the patients well and had a good understanding of their care needs. Staff were respectful of patients’ privacy and dignity when providing care.



Patients spoken with during the inspection were satisfied that their care needs were met. Patients who were unable to express their views appeared to be content and settled, both in their surroundings and in their interactions with staff.

We reviewed four patients' care records and these evidenced that appropriate risk assessments were completed on admission and reviewed on a regular basis. Risk assessments had been completed, for example, on the management of nutrition, falls, wounds and restrictive practice. Care records reviewed contained details of the specific care requirements in the areas reviewed and a daily record was maintained to evidence the delivery of care.

Discussion with the registered manager and review of records confirmed that patients' weights were monitored on at least a monthly basis. A monthly audit was completed and the registered manager flagged any actions required, for example, referral to the dietician, General Practitioner (GP) or the speech and language therapist (SALT). Care records contained evidence of referral to and recommendations from other healthcare professionals, such as the dietician, if required. Oral food and fluid intake records reviewed were up to date.

We reviewed the management of falls in the home. We observed that in the care records reviewed risk assessments and care plans had been updated in the event of a fall.

Where potentially restrictive practices, such as bedrails or an alarm mat, were implemented validated risk assessments and care plans were completed prior to use. There was evidence of consultation with the patient and/or their representative and consent was obtained where appropriate.

As discussed in section 6.3 we reviewed care plans pertaining to the management of distressed reactions, these clearly and unambiguously defined the behaviour displayed by the individual patient and included a support plan. This had been identified as an area of improvement at the previous care inspection and had been met.

We reviewed the management of wound care for two patients. The care records contained the relevant care plans and wound charts. However, in one of the records reviewed we noted that the date the dressing had been changed on was not consistently recorded. Also, the daily record did not always contain details of the dressing having been changed. Discussion with staff assured us the dressing had been changed as recommended. An area for improvement was identified in relation to accurate and contemporaneous record keeping in wound care.

Validated risk assessments and care plans were in place to direct care for the prevention of pressure ulceration. We reviewed repositioning records and found that these were reflective of the care directed in individual patient's care plans and were up to date.

We observed that, at 12.10 hours, the mid-morning tea and snack was still being served in the first floor unit. As lunch was at 13.00 hours this did not allow sufficient time between meals and snacks; an area for improvement was made.

We observed the serving of lunch in the ground floor dining room. A written menu was displayed on the tables and condiments were available. Patients were offered a selection of drinks and staff demonstrated their knowledge of how to thicken fluids if required. Staff were observed to appropriately assist patients throughout the meal. The food served was well presented and smelled appetising. A registered nurse was in attendance throughout the meal. The dining experience was observed to be calm, relaxed and unhurried.

Patients spoken with after lunch indicated they had enjoyed their meal, one patient said that the “dinners are always very nice”. However, another patient commented that they did not think the food was as good as it had been as there now only one type of fish on the menu. This comment was brought to the attention of the registered manager who assured us she would discuss this with the chef to ensure patients were offered sufficient variety on the menu.

We observed that staff appeared to work well together and staff spoken with were positive about teamwork and morale in the home. Staff demonstrated their knowledge of their own roles and responsibilities. Comments received from staff included:

- “Teamwork is very good.”
- “I like it, I like being busy.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to risk assessment, communication between patients and staff, management of falls and the mealtime experience.

**Areas for improvement**

Areas for improvement were identified in this domain in relation to the accurate and contemporaneous recording of wound care and ensuring there was sufficient time between the serving of meals and snacks.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

**6.5 Is care compassionate?**

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

During the inspection we spoke with 18 patients, both individually and in small groups, and we asked them about their experience of living in Aughnacloy House. Patients who were unable to voice their opinions appeared to be content and settled in their surroundings and in their interactions with staff. Comments received from patients who could voice their opinions included:

- “I’m getting all the care I want, I have no problems.”
- “The carers and everybody else are very good.”
- “I’m quite happy.”
- “They do a good job.”
- “They’re very good to us, very attentive.”
- “I’m happy here and content.”
- “Staff are amazing and go out of their way.”

We observed that patients were well presented in clean clothes that matched and attention had obviously been paid to all aspects of personal care, for example, patients’ fingernails were clean, gentleman were clean shaven and ladies had their hair styled.

Patients' visitors spoken with also commented positively about the care their relatives received, they said:

- "It's very good."
- "Under the circumstances, care is good. "
- "I find it very good, staff are friendly."
- "Staff go out of their way to get you what you need for your relative."
- "The level of care is 10 out of 10."
- "Mum is kept very clean."
- "It's next door to heaven."

Observation of care delivery evidenced that staff treated patients with dignity and respect. We observed that staff knocked on bedroom and bathroom doors before entering and ensured doors were closed when delivering care to maintain patients' privacy. Staff demonstrated their knowledge of when to provide comfort and support to the patients in their care.

Patients and patients' visitors spoken with knew who to speak to if they had a concern and felt they were listened to. Patients' visitors were also satisfied that staff consulted with both them and their relative, where appropriate, and that effective communication was maintained.

We reviewed activities on offer in the home and we observed that the current weekly activity programme was clearly displayed throughout the home. Activities on offer included musical bingo, 'knit and natter', movies, a monthly tea dance and gardening. We spoke to one of the activity co-ordinators who informed us that the activity programme was designed following consultation with patients who were assisted to complete a questionnaire on admission to determine their interests and hobbies. The activity co-ordinators also provided one to one support for those patients, who were unable to, or preferred not to, join in group activities.

Community involvement was encouraged; volunteers from the local YMCA recently assisted patients with a gardening project. Cake sales and fun days were organised to raise money for the patients' comfort fund.

Patients' spiritual needs were taken into account; weekly church services were held in the home with different denominations represented on a rotational basis in order to meet the needs of all patients.

We reviewed the record of written and verbal compliments received, comments included:

- "Thank you so much for all the special care you gave to..."
- "Thank you for looking after our dad so well, you will all be in our thoughts forever."
- "Please accept my sincere appreciation for the care and attention you provided."
- "The kindness, respect and sensitivity shown to us was very much appreciated."

We reviewed the annual quality report for 2018 and observed that it included evidence of consultation with patients, their relatives and staff. Feedback had been obtained from relative and resident satisfaction surveys and suggested areas for improvement were contained within the report.

Review of records and discussion with the registered manager evidenced that relatives meetings were held twice yearly.

## Areas of good practice

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

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.6 Is the service well led?

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

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. Discussions with staff and observations confirmed that the home was operating within the categories of care registered.

There has been no change in management arrangements since the last inspection. A review of the duty rota evidenced that the registered manager's hours and the capacity in which these were worked were clearly recorded. Discussion with staff, patients and visitors confirmed that the registered manager's working patterns allowed for plenty of opportunities to meet with her if necessary and that she was approachable and accessible. Staff, patients and patients' visitors were all on first name terms with both the registered manager and the deputy manager.

Discussion with the registered manager and review of a selection of governance audits evidenced that systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home and to ensure action was taken as a result of any deficits identified to drive quality improvement. Audits were completed to review, for example, accidents/incidents, IPC measures, falls, nutrition, complaints and wounds.

The complaints procedure was displayed in the reception area of the home and patients and patients' visitors spoken with were aware of the process. Review of the complaints record evidenced that systems were in place to ensure complaints were appropriately managed.

We reviewed a sample of monthly quality monitoring visit reports and found these to be comprehensive and to include an action plan and completion date for the actions identified.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

We reviewed staff training records and the system in place to monitor compliance in this area. The registered manager confirmed that staff were made aware of when mandatory training was due and of any dates arranged for face to face training.

Review of records evidenced that staff meetings were held on a quarterly basis.

We observed that staff sensitively and effectively communicated with patients in order to meet their needs. Staff were kind, considerate and caring to patients; it was obvious they knew the patients well. Staff spoken with also demonstrated their knowledge around maintaining patient confidentiality and communicating with other healthcare professionals and patients' relatives.

### Findings of estates inspection

Records of building user control checks and competent person inspections of building services & equipment were reviewed and found to be valid and appropriate.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Constance Mitchell, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 1 August 2019</p>	<p>The registered person shall ensure that the morning routines and deployment of staff is reviewed so as to promote the timely administration of medications.</p> <p>Ref: Section 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> The registered manager has reviewed and will continue to monitor the morning routine with staff to promote the timely administration of medications. Nurses have been instructed to follow NMC guidelines in relation to administration times for medications. This has been reinforced through staff meetings and supervision sessions. Interruptions are minimised as much as is practicable, with the aim that telephone calls and MDT visits are rescheduled outside of medication administration times if possible.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 29</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 28 June 2019</p>	<p>The registered person shall ensure that records of daily fluid intake are accurately maintained when medicines and nutrition are administered via the enteral route.</p> <p>Ref: Section 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> The registered manager updated the recording administration of nutrition and medications via the enteral route, on the day of inspection.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 May 2019</p>	<p>The registered person shall ensure that the identified areas in bathrooms are effectively cleaned in order to maintain compliance with best practice in IPC measures and that the system is in place to monitor this is robust.</p> <p>Ref: Section 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> The registered manager has included all dispensers to the cleaning regime and has included the auditing of dispensers to the house-keeping monthly audit.</p>



<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 45 (5)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 May 2019</p>	<p>The registered person shall ensure that the identified enteral feed pump is thoroughly cleaned and that a robust system is in place to monitor decontamination of medical devices.</p> <p>Ref: Section 6.3</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p><b>Response by registered person detailing the actions taken:</b> The registered manager can confirm that the identified enteral pump was thoroughly cleaned on the day of inspection and that a daily decontamination record of enteral feed pumps was initiated.</p> <p>The registered person shall ensure that accurate and contemporaneous records are maintained in relation to recording of wound care in accordance with NMC guidelines.</p> <p>Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The registered manager has instructed nursing staff to complete wound records thoroughly and contemporaneously. Supervision sessions have been carried out with the nursing staff.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 June 2019</p>	<p>The registered person shall ensure that there is sufficient time between the serving of meals and snacks and that these are served at customary intervals.</p> <p>Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The registered manager, with key senior staff, have reviewed the intervals between snacks and meals, a more structured timeframe has been developed and shared with staff to ensure sufficient intervals are maintained.</p>

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



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