



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 10 June 2019



Barrhall

Type of Service: Residential Care Home

Address: 15a Barrhall Road, Portaferry, BT22 1RQ

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care and accommodation for up to 23 residents in the categories of care cited on the home's RQIA registration certificate and as detailed in section 3.0 of this report.

3.0 Service details

<p>Organisation/Registered Provider: Barrhall</p> <p>Responsible Individual: Bryan David Muskett Sheena Anne Muskett</p>	<p>Registered Manager and date registered: Kerry Muskett 1 April 2005</p>
<p>Person in charge at the time of inspection: Kerry Muskett</p>	<p>Number of registered places: 27 comprising: 2 - RC - I 17 - RC - DE 1 - RC – LD 3 - RC - PH</p> <p>2 places for day service</p>
<p>Categories of care: Residential Care (RC) RC-I - Old age not falling within any other category RC- DE – Dementia RC - LD - Learning Disability RC - PH - Physical disability other than sensory impairment – over 65 years</p>	<p>Total number of residents in the residential care home on the day of this inspection: 23</p>

4.0 Inspection summary

An unannounced inspection took place on 10 June 2019 from 10.20 hours to 17.00 hours.

This inspection was undertaken by a care inspector and an estates support inspector.

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

Areas for improvement in respect of previous estates inspections have also been reviewed and validated as required. Areas identified for improvement from the previous finance and medicines management inspections were not reviewed at this inspection. Action required to ensure compliance will be carried forward to the next inspection.

Evidence of good practice was found in relation to the ethos and culture within the home which was observed to be friendly and caring with a stimulating atmosphere where residents are listened to, feel valued and their rights upheld.

Areas requiring improvement were identified and included six areas for improvement, one of which was stated for a second time. Improvements included attention to the identified risk of cross contamination of infection, care plan details including changes to care and pressure relief, tracking of NISCC registrations and increase in staff meetings held.

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

Comments received from residents, relatives and staff during and after the inspection via questionnaires returned to RQIA 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 residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	*6

*The total number of areas for improvement includes one care standard which has been stated for a second time.

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

Action required to ensure compliance with the finance and pharmacy inspections was not reviewed as part of this inspection. This will be carried forward to the next care inspection.

4.2 Action/enforcement taken following the most recent inspection dated 22 March 2019

The most recent inspection of the home was an unannounced premises inspection undertaken on 22 March 2019. 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, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, 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 residents 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. Five completed questionnaires were returned from residents/relatives. Six completed staff questionnaires were returned to RQIA following the inspection.

During the inspection a sample of records was examined which included:

- staff duty rotas from 27 May 2019 to 10 June 2019
- staff training schedule
- one staff recruitment and induction records
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- a sample of reports of visits by the registered provider/monthly monitoring for April and May 2019
- RQIA registration certificate

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

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

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 28 November 2018

Areas for improvement generated from previous care inspection were reviewed by the appropriate inspector.

6.2 Inspection findings

6.3 Is care safe?

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

On arrival we observed the home was comfortably heated and welcoming. Most were up washed and dressed while others were being assisted by staff with personal care. All residents appeared well cared for, appropriately dressed, with obvious time and attention afforded to personal care needs. Several residents sat within the lounge reading papers while others moved freely around the home. Resident call bells were being answered promptly by staff.

The registered manager, who was on duty throughout the inspection, explained that staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated. The staff duty roster reviewed accurately reflected the number and names of staff on duty over the twenty four hour period and capacity in which they worked. Indicators were made at the names of staff of who were in charge when the registered manager was out of the home. Time was scheduled at shift changes to hand over information regarding residents and other areas of accountability.

Competency and capability assessments were in place for staff in charge of the home when the registered manager or her deputy was out of the home.

We were assured by staff and management that there was enough staff on duty to provide safe care and should additional staff be required part time staff would generally work additional hours. One resident said “the staff are always about to help if we need them” and another said “the staff are great; they go the extra mile for us.”

The registered manager explained the system and process in place for the recruitment and selection of staff which were considered to be robust and in accordance with statutory employment legislation. Review of the employment records and documents held in one file evidenced compliance with statutory employment legislation including pre-employment checks. The registered manager advised that AccessNI disclosures were confirmed prior to any new staff commencing work. (AccessNI check is the vetting of applicants to ensure they were suitable to work in the home.)

The registered manager explained that all care staff were registered with the Northern Ireland Social Care Council (NISCC) and that registrations were tracked by way of notifications received from NISCC. The development of a tracking record/matrix was suggested as this would provide an additional way for monitoring purposes to ensure staff re-register with NISCC within the correct timescale. This was identified as an area for improvement.

Staff told us that they had a good induction programme when they commenced work and that ongoing training was provided to ensure they were competent and capable to provide safe care in accordance with each resident’s person centred care plan. Staff also said they received good support from the manager and senior staff through the provision of staff meetings, supervision and annual appraisals.

Two visitors spoke positively about the attention and care given by staff to their relatives. One visitor said “staff are always about seeing that everyone was content and well looked after.” No issues or concerns were raised or indicated.

Staff training schedules reviewed evidenced that mandatory training was being provided alongside additional professional development training including: dementia awareness, epilepsy and palliative care.

The registered manager is the adult safeguarding champion for the home, advised that no adult safeguarding issues had arisen since the previous care inspection. The adult safeguarding position report for 2018 will be reviewed at the next care inspection. Staff training in adult safeguarding was included within mandatory training records and staff were able to correctly describe what action they would take if they suspected or witnessed any form of abuse.

Accident and incident records retained in the home were cross referenced with those notified to RQIA which evidenced compliance with regulations and minimum standards. The measures in place to minimise the risk of falls included for example: fall risk assessments, referral to trust occupational therapist, provision of various aids and appliances to aid mobility and daily evaluations recorded. Care reviews were undertaken at regular intervals. Three care records reviewed contained risk assessments and care plans with recorded measures in place to minimise the risk of falls.

An inspection of the home was undertaken. There was good evidence of a dementia friendly environment with lots of visible signage and land marks to aid residents living with dementia to navigate their way around the home. Resident’s bedrooms were personalised with many items of memorabilia displayed. We noted that several of the memory boxes positioned outside of bedroom doors were empty. The registered manager said that staff were going to address this by asking relatives for suitable items which would stimulate their relative’s memory recall. Fire doors were closed and exits unobstructed. Areas which residents use have staff call bells installed.

All areas within the home were observed to be comfortably heated, odour free and clean. We observed a plentiful supply of disposable gloves, aprons and liquid hand soap throughout the home. Staff were observed washing their hands following practical assistance with residents. However, there were issues which could give rise to cross contamination of infection; several bins in bathrooms/toilets were not pedal operated, (which was identified as an area for improvement at the previous care inspection), clean laundry placed on the linen room floor, unclean floor mops stored within the domestic store and the hair dressing room had many items inappropriately stored and left on the floor. Items left on the floor should be appropriately stored to allow for the floor to be properly cleaned. Cloth hand towels (2) were in the communal bathroom toilet, incontinence garments were inappropriately stored within one bathroom/shower room. Improvement was made in respect of the outcome of the environmental issues found. Environmental audits should be conducted on a regular basis.

The registered manager described the range of professional staff who visits the home to assess and monitor the health and social care needs of residents referred to them. Visiting professionals included for example; district nurse, general practitioner, social worker, speech and language therapist and podiatrist. Records of visits were reflected within care records reviewed.

Five satisfaction questionnaires were completed by residents/relatives and returned to RQIA following the inspection. All respondents indicated they were very satisfied that the care received was safe. No issues or concerns were recorded.

Six completed questionnaires were returned to RQIA following the inspection. Three of the six respondents indicated they were very satisfied that service users were safe and protected from harm. Three respondents indicated they were very unsatisfied that service users were safe and protected from harm. Responses were shared with the deputy manager following the inspection.

Areas of good practice

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

Areas for improvement

The following areas were identified for improvement; the development of a tracking record for staff NISCC registration and renewal dates and action to address the infection prevention and control risks within the home's environment.

	Regulations	Standards
Total numb of areas for improvement	0	2

6.4 Is care effective?

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

The registered manager advised that all care staff had training on how to operate the electronic system to gain access and record information. The care records viewed contained comprehensive needs assessments which were complemented with risk assessments; care plans in place reflected the actual and potential needs of residents. We observed care staff use the system throughout the day to record interventions for each resident.

The registered manager explained the range of resident risk assessments undertaken which included; nutrition, fall, pain and pressure sore. There was evidence of recorded review of risk assessments within care records reviewed. Rotational turning recording sheets were observed within one resident's room which was recorded by staff when turning was undertaken. Two care plans were reviewed in regard to pressure sore management. One care plan did not reflect the frequency times when turning was to be provided to relieve pressure and another care plan was not updated when a pressure sore was healed. An improvement was made in regard to accurate recording within care plans.

The registered manager told us that residents who were at risk of pressure area damage are assessed by the district nurse and care planned accordingly. Necessary resources provided included air wave mattresses and cushions. Monitoring visits were carried out by the district nurse. Whilst the home had a care plan in place this was not a nursing care plan which fully reflected the nursing needs of the resident. The registered manager agreed to follow this up with the district nurse. Improvement in regard to the availability of a nursing care plan so that staff are fully informed of the care to be provided in the district nurses absence. Following the inspection the registered manager advised RQIA that the district nurse had visited the home

and undertook a care plan review to ensure all identified nursing needs and interventions were included.

Daily supplementary recording charts of food/fluid intake were in place for residents with identified nutritional needs. Special diets were provided as required and food supplementary fluid prescribed by the general practitioner.

The registered manager explained referrals were made to other health care professionals when required, for example; care managers, social workers, general practitioners, speech and language therapists (SALT) and dieticians when necessary.

The use of restrictive practice was discussed with the registered manager who demonstrated good understanding of ensuring residents' human rights were considered when planning and providing care (Restrictive practice includes any action taken by staff which limits the rights or freedom of movement of a resident). The registered manager advised there were restrictive practices within the home, notably the use of a key pad entry system, management of smoking, restrictive window openings and use of sensory floor mats. The registered manager explained that before any decisions were made about the application of such restrictions best interest care review meetings would take place with trust professionals, resident and/or relatives where applicable, risk assessments discussed and decisions agreed. Currently the restrictions in place were considered to be in the best interests of each resident's health and safety. Although the entrance door has a locked entry/exit key pad residents not at risk of wandering out of the home unaccompanied can enter the security number and come and go as they wish.

Residents who were able to comprehend told us they were "happy with the care provided and had no issues or concerns". One resident said if they "had a concern they would not be afraid to speak up and tell the senior staff." Another resident said; "the care provided was the best you could get and that staff are always there for them and the district nurse visited every week to provide care." Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Visitors who spoke with us advised that care reviews were held and they felt their views were listened to. They spoke highly of the care provided by staff and said they were they were kept informed and were consulted about any proposed changes in their relatives care.

There was good evidence of effective team work with staff communicating and helping each other to carry out duties. Staff said there was very good team work with few staff changes over the years. Staff demonstrated good knowledge of residents care needs and confirmed that all residents' care needs were being met.

Five satisfaction questionnaires were completed by residents and returned to RQIA following the inspection. All respondents indicated they were very satisfied that the care received was effective. No issues or concerns were recorded.

Six staff questionnaires were returned to RQIA following the inspection. Five of the six respondents indicated they were satisfied that the care delivered was effective. One respondent indicated they were very unsatisfied. This was shared with the deputy manager following the inspection.

Areas of good practice

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

Areas for improvement

One area identified for improvement related to care plans; include the rotational turning times of a resident, the updating of care plans as changes occur and the provision of nursing care plans from visiting district nurses.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

Throughout the inspection staff interactions with residents were observed to be compassionate with detailed knowledge of residents’ choices, likes, dislikes and preferences and assessed needs. There was a pleasant happy atmosphere within the home, with residents conversing with staff and each other in a jovial manner.

Residents spoke openly with us, appeared relaxed and content. Staff were observed to respond promptly to their requests for assistance. One resident referred to staff as “wee angles and another said “you couldn’t find any better staff they treat us with respect and are always very kind.”

There was evidence that residents’ human rights were being upheld. This was evidenced from observations of staff interactions with residents, responses from residents about the care received and information recorded within needs assessments, risk assessments and care plans.

Residents’ preferences and interests were reflected within care records and staff demonstrated good awareness and understanding of residents likes and dislikes. For example; where they liked to sit each day, how their furniture and memorabilia was displayed within their bedrooms, their choice of clothes to wear each day.

Care records reviewed outlined residents preferred activities and daily routines; such as chosen times for getting up and going to bed. Staff said that these were flexible and that resident choice was always a priority.

Staff described how they strive to promote residents independence; for example by way of encouragement; being involved in house hold tasks and wash and dress themselves.

One group of residents gave us examples of how their privacy was respected by staff; knocking on their bedroom door before entering, receiving unopened letters and discussions about their care held in private area.

Activities such as arts, crafts, bingo, spiritual events: communion, church representative’s visit each Sunday, reminiscence. Staff said activities were based on residents past hobbies and interests and they were consulted about their preferences when activities were being planned. A selection of materials and resources were available for use during activity sessions. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. Records of activities provided were retained and the daily schedule displayed so that residents and their visitors know what is planned.

The serving of the mid- day meal was discreetly observed. Meals were cooked by the chef and served to residents by care staff. Tables were neatly set with a range of condiments available. Meals were nicely presented with adequate portions of food served. Staff were present throughout the meal supervising and assisting residents as required. Residents were afforded choice at meal times and where required special diets were provided. The main meal of the day was served in the evening; roast meat, potatoes and vegetables was on the menu.

We noted that the menus were rotated over a two weekly cycle which is not in accordance with the three weekly minimum standards. One improvement was made in this regard so that residents have a wider variety of rotating meals.

Five completed satisfaction questionnaires were returned to RQIA following the inspection. Respondents indicated that they felt staff treated them with compassion; were kind, respectful with privacy and dignity maintained. All respondents indicated they were very satisfied that the staff treated them with compassion.

Six staff questionnaires were returned to RQIA following the inspection. Five of the six respondents indicated they were satisfied that the care delivered was compassionate. One respondent indicated they were very unsatisfied that care delivered was compassionate. This was shared with the deputy manager following the inspection.

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 resident and their representatives and taking account of the views of resident. This practice is to be commended.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	1

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 registered manager explained that she is supported in her role by an assistant manager, mixed skill care and ancillary team of staff and that the assessed needs of residents were met in accordance with the home's statement of purpose, legislation and best practice guidance.

The registered manager remained on duty throughout the inspection. There has been no change in the organisational structure of the home since the previous inspection. Staff we spoke with demonstrated good understanding of their roles and responsibilities.

The home retains a wide range of policies and procedures in place to guide and inform staff which were reviewed and revised by the registered manager.

The registered manager explained that there were arrangements in place to ensure risk assessments were reviewed on a monthly basis. Risk assessments viewed within care records were noted to be current and had been reviewed as explained by the registered manager.

The registered manager explained that audits of care plans, accidents/incidents, nutrition, activities, medication, fire safety and environment were undertaken. Additional management oversight and quality assurance was undertaken by way of the monthly monitoring visits undertaken by the registered provider. Review of reports for March and April 2019 confirmed compliance with regulation 29 of The Residential Care homes Regulations (Northern Ireland) 2005 and minimum care standards. The report for May 2019 was not available for inspection as this was being typed. The registered manager forwarded the May 2019 report to RQIA following the inspection.

The home had a complaints policy and procedure which reflected information in accordance with legislation and Department of Health and Social Service (DHSS) guidelines.

Resident told us they would not hesitate to complain if they were unsatisfied with their care. The home's statement of purpose and resident guide, which is given to all residents on admission, contains information on how and to whom they can complain. Five completed satisfaction questionnaires were returned to RQIA from residents/relatives following the inspection. Respondents indicated that they knew how to make a complaint.

Staff who spoke with us demonstrated awareness of the complaints procedure including how to receive and deal with complaints. Records were made and available of complaints received. Records showed that one complaint was received since the previous inspection. This was managed appropriately and resolved to the complainant's satisfaction. One visitor commented that they were aware of how to complain if they had reason to do so but never had an issues or concerns since their relative was admitted.

The file for staff meetings contained agenda for meetings held. There was no minutes retained. The registered manager explained that minutes were not recorded for meetings which were held twice yearly. This is not in accordance with the Residential Care Homes Minimum Standard (25.8) as staff meetings should take place on a regular basis, at least quarterly, with

minutes recorded that include date, names of staff in attendance, minutes of discussions and any actions agreed. This was identified as an area for improvement.

Five satisfaction questionnaires from residents/visitors were completed and returned to RQIA following the inspection. All respondents indicated they were very satisfied that the home was well led/managed. No issues or concerns were recorded.

Six questionnaires were returned to RQIA from staff following the inspection. Five of the six respondents indicated they were satisfied that the care delivered was well led/managed. One respondent indicated they were unsatisfied. This was shared with the deputy manager following the inspection who agreed to discuss all the aforementioned responses cited within the four sections of the report at the next team meeting in an effort to determine how negative responses can be addressed.

Assessment of premises

A current fire risk assessment for the premises was in place and the significant findings were being addressed in a timely manner. The fire risk assessment was undertaken by a company holding professional body registration for fire risk assessors.

The servicing of the fire detection and alarm system and fire-fighting equipment were being undertaken in accordance with current best practice guidance.

A current risk assessment with regard to the control of legionella bacteria in the premises' hot and cold water systems was reviewed in house in November 2018 and no significant issues noted. Measures for the control of Legionella were discussed with the manager during this inspection.

A current certificate in relation to the premises' electrical installation was available for inspection. The certificate indicated that the system was being maintained in accordance with current best practice guidance.

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

One area identified for improvement was in relation to recording minutes of staff meetings which are to be held on at least on a three monthly basis.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Kerry Muskett, 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 residential care 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard N39 Stated: Second time To be completed by: 30 June 2019	The registered person shall ensure that pedal operated waste disposal bins are positioned within toilets / bathrooms. Ref: 6.3
	Response by registered person detailing the actions taken: Pedal bins have been purchased and placed in bathrooms
Area for improvement 2 Ref: Standard 20.2 Stated: First time To be completed by: 30 June 2019	The registered person shall develop a system for the tracking and monitoring of staff NISCC registrations. Ref: 6.3
	Response by registered person detailing the actions taken: Monthly System in place for monitoring and tracking NISCC registrations
Area for improvement 3 Ref: Standard 35 Stated: First time To be completed by: 10 June 2019	The registered person shall ensure that the environmental infection prevention and control risks as cited within section 6.3 of this report are addressed;
	<ul style="list-style-type: none"> • Ensure clean linen within the linen storage room appropriately stored off the floor. • Ensure the items are removed from the floor and appropriately stored within the hair dressing room. • Ensure unclean mop heads are removed and laundered after use. • Remove cloth hand towels from communal use. • Ensure incontinence garments are appropriately stored. • Undertake regular environmental audits which included action required / taken to address issues arising.
	Ref: 6.3 Response by registered person detailing the actions taken: The above have all been addressed. Linen baskets introduced. Hairdressing Room tidied. Hand towels removed from communal areas. Regular environment audits carried out too

<p>Area for improvement 4</p> <p>Ref: Standard</p> <p>Stated: First time</p> <p>To be completed by: 11 June 2019</p>	<p>The registered person shall ensure:</p> <ul style="list-style-type: none"> • The care plan referred to reflects the frequency of the times when rotational turning has to take place to relieve pressure. • Care plans are updated when changes occur (Ref; the healing of one pressure sore). • Ensure that the district nurse provides a care plan detailing the actual and potential nursing needs so that staff are aware of the care to be provided between monitoring visits carried out by the district nurse. <p>Ref: 6.4</p>
<p>Area for improvement 5</p> <p>Ref: Standard 25</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2019</p>	<p>Response by registered person detailing the actions taken: This resident is not attended by District Nurse now.Has been discharged. Care plans updated as necessary</p> <p>The registered person shall ensure that staff meetings are held on a regular basis, at least quarterly, with minutes recorded and retained.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Staff meetings are held regularly and minutes recorded..</p>
<p>Area for improvement 6</p> <p>Ref: Standard 12.13</p> <p>Stated: First time</p> <p>To be completed by: On going.</p>	<p>The registered person shall ensure that a minimum of three weekly rotating menus are provided.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Three week rotating menus are in place.</p>

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



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