

Unannounced Care Inspection Report 12 June 2017



Madelayne Court

Type of Service: Nursing Home
Address: 1-27 Nursery Avenue, Portstewart, BT55 7LG
Tel no: 028 7083 1014
Inspector: Lyn Buckley

www.rgia.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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 66 persons.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual(s): Mr John Rafferty	Registered Manager: Mrs Mabel Cole
Person in charge at the time of inspection: Mrs Mabel Cole	Date manager registered: 14 September 2015
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill. Residential Care (RC) I – Old age not falling within any other category.	Number of registered places: 66 comprising: 26 – NH- I, MP(E) and PH(E) including 4 – NH-TI 22 – NH-DE 18 – RC-I In addition the home is also approved to provide care on a day basis for 1 person in NH- I, MP(E) and PH(E) and for 1 person in RC – I.

4.0 Inspection summary

An unannounced inspection took place on 12 June 2017 from 09:30 to 17:10 hours.

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.

The term 'patient' is used to describe those living in in Madelayne Court which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified during and 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 the governance and management arrangements; quality improvement processes; the maintaining of good relationships within the home; staff knowledge of patient preferences; record keeping and care delivery. The culture and ethos of the home promoted treating patient with dignity and respect and ensuring quality of services provided.

Areas requiring improvement were identified in relation to storage of cleaning chemicals and equipment in one sluice; the management of therapeutic diets; the displaying of patient information; and fire safety precautions. Fire safety had been raised with the home previously and the regulation is now stated for a second time. In addition the responsible individual and registered manager were required to attend a serious concerns meeting at RQIA following the inspection. At this meeting, on 20 June 2017, RQIA were provided with assurances that the concerns had been addressed and that a management plan was in place to ensure compliance.

Patients said that they were satisfied with the care and services provided and described living in the home, in positive terms.

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
Total number of areas for improvement	*1	3

*The total number of areas for improvement include one area of improvement which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Mabel Cole, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

It was evident that a previous area for improvement identified in December 2016 regarding fire safety had not been met; refer to section 6.2. Following discussion with RQIA's senior management the registered provider and manager was contacted on 13 June 2017 and asked to attend a serious concerns meeting in RQIA to provide assurances that the areas of concern identified, in relation to fire safety, would be addressed.

At this serious concerns meeting, on 20 June 2017, RQIA were provided with assurances that the concerns had been addressed and that a management plan was in place to ensure compliance.

Details of the inspection findings and the serious concerns meeting assurances were also shared with the senior estates inspector and the Northern Ireland Fire and Rescue Service (NIFRS).

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

4.2 Action/enforcement taken following the most recent inspection dated 18 January 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 18 January 2017. 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

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection, such as serious adverse incidents (SAI's), potential adult safeguarding issues and/or whistle blowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 16 patients individually and with other in small groups and 10 staff. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

The following records were examined during the inspection:

- duty rota for all staff from 5 to 18 June 2017
- 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
- one staff recruitment and induction file
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement 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 registered manager during and at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 18 January 2017.

The most recent inspection of the home was an unannounced medicines management inspection. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 5 December 2016.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1) (a) Stated: First time	The registered provider must review the night duty staffing levels, within the residential unit; taking in to account the concerns raised by RQIA during the care inspection.	Met
	Action taken as confirmed during the inspection: Review of duty rotas and discussion with the registered manager and staff evidenced that this regulation had been met.	
Area for improvement 2 Ref: Regulation 27 (4) (c) Stated: First time	The registered provider must ensure that the locking system in place for final exit doors is reviewed in conjunction with the home's fire risk assessor; and to ensure that fire exits and routes to fire exits are not obstructed by equipment/furniture.	Not met
	Action taken as confirmed during the inspection: Following the previous care inspection the registered persons stated that the locking system for final exit doors had been reviewed and fire exit routes were free from obstructions. A number of concerns regarding obstruction of fire exit/escape routes were observed and the specified, final fire exit door, found to be locked in December 2016, was still locked and the key held in the care staff's office. Details in relation to the findings are discussed section 4.3 This regulation is now stated for a second time.	

<p>Area for improvement 3</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p>	<p>The registered provider must ensure that RQIA are notified of incidents/events occurring in the home in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 – regulation 30.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of records from 1 April 2017 to 12 June 2017 evidenced that this area for improvement had been met.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 12 (1)</p> <p>Stated: First time</p>	<p>The registered provider must ensure that pressure relieving mattresses are set at the correct weight for the patient for whom it is prescribed and that staff are aware of the risks to patients' health and well being when the correct setting is not maintained.</p> <hr/> <p>Action taken as confirmed during the inspection: Observation of pressure relieving mattresses and records evidenced that this area for improvement had been met.</p>	<p>Met</p>
<p>Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 35.9</p> <p>Stated: First time</p>	<p>The registered provider should ensure that accidents records clearly evidence who was notified, the outcome of any medical intervention and that the registered manager/deputy manager has reviewed the record and when. These omissions were found evident in a significant number of reports inspected in the residential unit.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of records from 1 April to 12 June 2017 evidenced that this area for improvement had been met.</p>	<p>Met</p>

Area for improvement 2 Ref: Standard 4 Stated: First time	The registered provider should ensure that care plans are reflective of the assessed needs of patients, kept under review and where appropriate, reflect recommendations prescribed by other healthcare professionals. This recommendation particularly refers to the first floor nursing unit.	Met
	Action taken as confirmed during the inspection: Review of patient records and discussion with nursing staff evidenced the improvements made and that this area for improvement had been met.	

6.3 Inspection findings

6.4 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 regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 5 to 18 June 2017 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via questionnaires; 10 were returned following the inspection. All respondents answered 'yes' to the question, "Are there sufficient staff to meet the needs of the patients?"

Patients spoken with during the inspection commented very positively regarding the staff and the care delivered, and that when they required assistance staff attended to them in timely manner. We also sought the patients' opinions on staffing via questionnaires; three were returned indicating that there was sufficient staff to need their needs.

We sought other relatives' opinion on staffing via questionnaires; four completed questionnaires were returned. All respondents indicated that staff had enough time to care for their relatives.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained; and that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that the registered manager had a process in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2017. Records were maintained in accordance with Standard 39 of The Care Standards for Nursing Homes 2015. Mandatory training compliance was monitored by the registered manager and also reviewed by senior management as part of the monthly quality monitoring process. Additional training was also available to staff to ensure they were able to meet the assessed needs of patients.

Observation of the delivery of care evidenced that training, such as moving and handling training, had been embedded into practice. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager, confirmed that there were arrangements in place to embed the new regional safeguarding policy and operational procedures into practice. A safeguarding champion was to be identified and training was planned.

Review of three patients' care records evidenced that a range of validated risk assessments were completed as part of the admission process and that these assessments were reviewed regularly and informed the care planning process.

Review of accidents/incidents records from 1 April 2017 and notifications forwarded to RQIA confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, sluice rooms, lounges, the dining room and storage areas. The home was found to be tidy, warm, well decorated, fresh smelling and clean throughout. Housekeeping staff were commended for their efforts. However, one unlocked sluice room was observed to contain containers of cleaning chemicals and patient equipment was stored inappropriately. This was discussed with the registered manager who agreed to address this. This was identified as an area for improvement.

Overall, infection prevention and control measures were adhered to and personal protective equipment (PPE) such as gloves and aprons were available throughout the home. However, inappropriate storage of patient equipment was observed in one sluice room. Details were discussed with the registered manager who addressed this matter.

Observations, discussion with the registered manager and review of records evidenced that a requirement made as a result of the last care inspection conducted on 5 December 2016 had not been met. One fire door was locked and the key held in the office, two fire exits and fire exit routes were found to be obstructed by equipment and/or furniture. RQIA were concerned regarding the potential risk to patients and staff in the event of a fire.

These concerns were brought to the attention of the registered manager during the inspection. Advice was provided by RQIA and some immediate remedial action was taken.

Following discussion with RQIA's senior management the registered provider/manager was contacted on 13 June 2017 and asked to attend a serious concerns meeting in RQIA to provide assurances that the areas of concern identified, in relation to fire safety, would be addressed.

At this serious concerns meeting, on 20 June 2017 RQIA were provided with assurances that the concerns had been addressed in full and that a management plan was in place to ensure compliance. An area for improvement was stated for a second time.

Details of the inspection findings and the assurances given at the serious concerns meeting were also shared with the senior estates inspector and the Northern Ireland Fire and Rescue Service (NIFRS).

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, infection prevention and control and the home's environment.

Areas for improvement

Areas for improvement were identified in relation to the management of cleaning chemicals, the management of storage.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

Review of three patient care records evidenced that care plans were in place to direct the care required. Nursing and senior care staff spoken with were aware of professional requirements to review and update care plans as the needs of patients' change. Staff also demonstrated awareness of the need to review and update care plans when recommendations were made or changed by other healthcare professionals such as, the district nurse, the speech and language therapist (SALT) or the tissue viability nurse (TVN).

We reviewed the management of pressure area care, falls, nutrition and weight loss. Care records contained details of the specific care requirements in each of the areas reviewed and a contemporaneous record was maintained to evidence the delivery of care. Care records also reflected that, where appropriate, referrals were made to healthcare professionals such as TVN, SALT, dieticians, care managers and General Practitioners (GPs).

Care plans reviewed to assess the management of pressure area care/repositioning and therapeutic diets indicated that the care plans had been reviewed on at least a monthly basis and that they were reflective of recommendations made by SALT. Review of repositioning and food intake charts also confirmed that the required care was being delivered, as planned. Advice was provided that SALT recommendations no longer applicable are archived.

Nursing and care staff were knowledgeable regarding therapeutic diets and how to modify fluids and food textures. Catering staff were also confident of the differences in food textures. However, patients’ dietary information was not available to catering and care staff. Staff confirmed that the information was verbally ‘handed over’ and relied on memory and experience to ensure patients’ diets were as required. Staff also confirmed that they would not access care plans held on the computer or the SALT recommendations held as a paper copy in the staff office. Advice was provided to catering staff to ensure they received a copy of the SALT recommendations for each patient requiring their food texture to be modified and that they should also hold definitions and directions on the various texture types. An area for improvement was identified.

Other supplementary care charts such as food and fluid intake records evidenced that records were maintained in accordance with best practice guidance and care standards. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records and information.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff spoken with confirmed that staff meetings were held and records were maintained of the staff who attended, the issues discussed and actions agreed.

Staff 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 immediate line manager, the registered manager or the regional manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

A record of patients including their name, address, date of birth, marital status, religion, date of admission and discharge (where applicable) to the home, next of kin and contact details and the name of the health and social care trust personnel responsible for arranging each patients admission was held in a register. This register provided an accurate overview of the patients residing in the home on the day of the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, care planning and review, effective communication between patients, staff and other key stakeholders such as TVNs, dieticians, or GPs.

Areas for improvement

Areas for improvement were identified in relation to the management of therapeutic diets.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 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.

We arrived in the home at 09:30 hours and were greeted by staff who were helpful and attentive. Patients were either finishing their breakfast or enjoying a morning cup of tea/coffee in the sitting areas/lounge or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice depending of which they preferred and staff were observed assisting patient to drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect in relation to how they spent their day and care delivery. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent. However, in the staff offices white boards displayed patient names and room numbers and some medical conditions; on each patient bedroom door personal fire evacuation needs were displayed and in the kitchenette areas some information regarding dietary needs of patients were displayed. An area for improvement was identified.

Patients able to communicate their feelings indicated that they enjoyed living in Madelayne Court.

Comments made to the inspector included;

"It is very good here, staff are lovely; they come when I call and they walk with me."

"Lovely place: lovely people they can't do enough for you."

"Very good here, I have no worries, I am content."

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.

Ten patient questionnaires were issued; three were returned within the timescale for inclusion in this report. Two respondents recorded very satisfied and one recorded 'satisfied' with the care provided across the four domains inspected. One comment was recorded, "I do not need to see the manager as the service is well managed".

Ten relative questionnaires were issued; four were returned within the timescale for inclusion in this report. Three indicated they were very satisfied and one satisfied with the care provided across the four domains. There were no additional comments recorded.

Discussion with the registered manager and review of records confirmed that there were systems in place to obtain the views of patients and their representatives on the running of the home.

Ten questionnaires were issued to staff and all were returned within the timescale for inclusion in this report. Nine staff members were very satisfied and one was satisfied with the care provided across the four domains. One comment was recorded in relation to improving staffing levels in the afternoon. However, as discussed previously in section 6.4 staffing levels were kept under review, and were observed by the inspector, to meet the needs of the patients.

Any comments from patient representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

Observation of the serving of the lunch time meal and discussion with patients evidenced that experience was a pleasure for them. Staff were observed to be discreet in offering assistance and when assistance was required this was appropriate and sensitively delivered.

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 and taking account of their views, the management of the meal times experience and the knowledge staff had of their patients wishes and preferences.

Areas for improvement

Areas for improvement were identified in relation to the management of patients' personal information

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 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 and the home's certificate of public liability insurance were appropriately displayed in the foyer of the home.

Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered.

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 patients and staff evidenced that the registered manager's working patterns provided good opportunity to allow them to have contact as required.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Patients confirmed that they were confident that staff and/or the registered manager would address any concern raised by them appropriately.

Review of records evidenced that monthly audits were completed to ensure the quality of care and services was maintained. For example, audits were completed for accidents/incidents, complaints and wounds. The records of audit evidenced that any identified areas for improvement had been addressed and checked for compliance. Audit outcomes informed the monthly quality monitoring process undertaken by the regional director.

Review of records from April 2017 evidenced that quality monitoring visits were completed on a monthly basis. Recommendations were made within the report to address any areas for improvement. Copies of the quality monitoring visits were available in the home.

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that these were managed appropriately.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Staff were very enthusiastic about the home, the team and enjoyed "making a difference".

Discussion with staff evidenced that there was a clear organisational structure within the home. In discussion patients were aware of the roles of the staff in the home and to whom they should speak to if they had a concern.

It was clearly demonstrated that the registered manager was leading and managing her team and the home.

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
Total number of areas for improvement	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 Mable Cole, 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 DHSSPS 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (4) (c) Stated: Second time To be completed by: Immediate action required	<p>The registered provider shall ensure that the locking system in place for final exit doors is reviewed in conjunction with the home's fire risk assessor; and to ensure that fire exits and routes to fire exits are not obstructed by equipment/furniture.</p> <p>Ref: Sections 6.2 and 6.4</p> <p>Response by registered person detailing the actions taken: Locking system for this one exit doors has been reviewed by the Company fire risk assessor & fire risk assessment updated. Supervisions and fire training completed with all staff on ensuring that there are no obstructions to fire doors and exits. This requirement has been discussed with the RQIA Estates Inspector and the actions put in place are deemed satisfactory.</p>
Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes (2015)	
Area for improvement 1 Ref: Standard 35.3 Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that any substance hazardous to health is appropriately stored in accordance with guidelines – Control Of Substances Hazardous to Health (COSHH).</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Annual COSHH Training completed for all staff. All hazardous substances are stored in locked cupboards.</p>
Area for improvement 2 Ref: Standard 4.8 Stated: First time To be completed by: 1 July 2017	<p>The registered person shall ensure all staff involved in the preparation and delivery of therapeutic diets have access to patients' individual assessments and/or recommendations from SALT rather than relying on verbal communication and memory.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: All residents assessed by SALT have an individual care plan in place detailing their recommended diet. A file has been set up in each unit and in the kitchen containing these assessments for staff to access and adhere to.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 5</p> <p>Stated: First time</p> <p>To be completed by: 1 July 2017</p>	<p>The registered person shall ensure that patients’ personal information is maintained confidentially and privacy respected.</p> <p>Ref: Section 6.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The white information boards as discussed during the inspection, have been removed from the offices.</p>

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



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