

Unannounced Care Inspection Report 10 October 2017



Braefield

Type of Service: Nursing Home (NH)

Address: 2 – 6 Carncomb Road, Connor, Ballymena, BT42 3LA

Tel No: 028 2589 2233

Inspector: Sharon McKnight

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 50 persons.

3.0 Service details

Organisation/Registered Provider: Healthcare Ireland (Belfast) Limited Responsible Individual: Amanda Mitchell	Registered Manager: Philomena McIlwaine
Person in charge at the time of inspection: Philomena McIlwaine	Date manager registered: 12 May 2017
Categories of care: 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.	Number of registered places: 50 There may be a maximum of 13 patients accommodated within category NH-DE and located in the designated dementia unit. There shall be a maximum of 2 named residents receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 10 October 2017 from 10:00 to 16:45.

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 'patients' is used to describe those living in Braefield 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 provision of staffing, staff relations, the development of staff, adult safeguarding and the home's environment.

Care records evidenced good practice in relation to the management of patients' weight and communication of patient need between staff. We observed good practice in relation to the culture and ethos of the home and the caring and compassionate manner in which staff delivered care.

Areas requiring improvement were identified in relation to the creation of nutritional care plans, catering staff knowledge of modified consistency of meals, records of meals provided and menu choices for patients who require a modified diet.

Patients said that they were very happy living in the home.

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	4

Details of the Quality Improvement Plan (QIP) were discussed with Mandy Mitchell, responsible person and Philomena McIlwaine, 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 14 March 2017

The most recent inspection of the home was an announced post registration care inspection undertaken on 14 March 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 which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with the majority of patients, seven staff and two patients' visitors/representatives. 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 were left for distribution.

The following records were examined during the inspection:

- duty rota for staff week commencing 9 October 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
- two staff recruitment and induction file
- three patient care records
- one patient's food and fluid intake charts
- nine patients records of weights
- menu choice sheets
- planned menu for the week of the inspection
- a selection of governance audits
- 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 person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 14 March 2017

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

This QIP was validated by the care inspector during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 14 March 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 44.1 Stated: Second time	It is recommended that a redecoration plan is implemented to bring the décor in the identified unit up to an acceptable standard. The plan should include timescales for completion.	Met
	Action taken as confirmed during the inspection: We reviewed the redecoration plan which was divided into phases; the plan includes work to the identified unit. An application to vary the registration of the home has been submitted to RQIA for approval prior to the work commencing. The registered manager was knowledgeable of the planned work and the phasing for completion. This area for improvement is assessed as met.	
Area for improvement 2 Ref: Standard 6.3 Stated: Second time	It is recommended that the plans for the upgrade of the identified bathroom should be expedited as a matter of urgency and RQIA notified of all proposed changes. RQIA will provide comment prior to the work commencing.	Met
	Action taken as confirmed during the inspection: The upgrade of the identified bathroom had been completed and the bathroom was fully operational. The work had been completed to a high standard and staff confirmed that the patients were benefiting from the provision of a shower. This area for improvement has 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 staffing was subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 9 October 2017 evidenced that the planned staffing levels were adhered to. Catering and housekeeping were on duty daily. The registered manager explained that the post of activity co-ordinator was currently vacant and that recruitment was underway. Observation of the delivery of care and discussion with patients evidenced that their needs were met by the levels and skill mix of staff on duty.

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

Patients spoken with during the inspection commented positively regarding the staff and care delivery. Patients were satisfied that when they required assistance staff attended to them in timely manner. No issues were raised regarding the provision of staffing.

Three relatives spoken with all commented positively with regard to staff and the manner in which they delivered care. We sought relatives' opinion on staffing via questionnaires; four were returned in time for inclusion in this report. All of the relatives were either very satisfied or satisfied with staffing.

A nurse was identified to take charge of the home when the registered manager was off duty. The nurse in charge was clearly identified on the duty roster. A review of records evidenced that a competency and capability assessment had been completed with nurses who were given the responsibility of being in charge of the home in the absence of the registered manager. The assessments were signed by the registered manager to confirm that the assessment process had been completed and that they were satisfied that the registered nurse was capable and competent to be left in charge of the home. The registered manager explained that these assessments were updated annually.

A review of two staff recruitment records evidenced that they were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records confirmed that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work.

The arrangements in place to confirm and monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC were discussed with the registered manager. A review of the records of NMC registrations evidenced that all of the nurses on the duty rota for the week of the inspection were included in the NMC check. The record of the checks of care staff registration included the expiry date of their registration with NISCC.

Discussion with the registered manager confirmed that the systems in place were effective in confirming registration at the time of renewal.

The registered manager confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

We discussed the provision of mandatory training with staff and reviewed the training records for 2016/2017. The registered manager explained that training was delivered via an e-learning programme and face to face. The registered manager confirmed that they had systems in place to facilitate compliance monitoring. A review of training records evidenced good compliance.

The registered manager and staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice and that a safeguarding champion had been identified.

A review of a sample of records pertaining to accidents, incidents and notifications forwarded to RQIA in August and September 2017 confirmed that these were appropriately managed. Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends.

Infection prevention and control measures were adhered to. We spoke with two members of housekeeping staff who were knowledgeable regarding the National Patient Safety Agency (NPSA) national colour coding scheme for equipment such as mops, buckets and cloths. Personal protective equipment (PPE) such as gloves and aprons were available throughout the home and stored appropriately. We discussed the management of the recent outbreak of infection with staff who confirmed that additional staff had been available throughout to ensure that enhanced cleaning could be maintained. Staff spoken with were knowledgeable of the management of patients' care during an outbreak. A deep clean of the entire home had been completed.

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 warm, clean and fresh smelling. As previously discussed a plan was in place to redecorate areas of the home; the redecoration was planned in phases. We were also informed of plans to relocate the registered manager's office and to create an additional bedroom with ensuite facilities. The responsible person confirmed that an application to vary the registration of the home was being prepared detailing the proposed changes of rooms and any planned structural changes to the environment. This application was received by RQIA on 12 October 2017.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of staffing, adult safeguarding, infection prevention and control and the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

A review of three patients' care records evidenced that a comprehensive assessment of need and a range of validated risk assessments were completed for each patient. Assessments were reviewed as required and at minimum monthly.

We discussed the monitoring of patients' weights and were informed that all patients were weighed a minimum of monthly. Any patient identified as losing weight, poor intake or who were prescribed nutritional supplements were weighed weekly. We reviewed the recording of weights for a sample of nine patients; there was no significant weight loss over the period June to September 2017.

We reviewed the care records of three patients identified by staff as at risk of losing weight. The first patient was reviewed regularly by a dietician. Records evidenced that possible reasons for their weight loss were identified and that their nutritional supplements were kept under review and changed when required. This patient was assessed by a speech and language therapist (SALT) as requiring a modified diet. A care plan was in place to reflect the SALT recommendations and the need to record the patient's food and fluid intake. We reviewed the food and fluid charts completed for the 48 hour period prior to the inspection; these contained good detail of the amount of meals and fluids consumed. A nutritional risk assessment was completed monthly; in September the risk of malnutrition increased to high. The evaluations of the SALT care plan identified poor appetite. However patients who are at risk of malnutrition should have a nutritional care plan in place; this was identified as area for improvement under the care standards.

The second patient we reviewed was also under the care of the dietician. The nutritional risk assessment identified the patient at low risk of malnutrition. This patient had a care plan in place for diabetes; the evaluation of the care plan identified the need to monitor the patient's food and fluid intake and referenced the involvement of the dietician.

The third patient identified as losing weight was in the dementia unit. Records evidenced that despite the patient's recent weight loss they remained at low risk of malnutrition due to their body mass index. However staff had informed the patient's GP of the weight loss and, following a review by the dietician nutritional supplements had been prescribed. They had a care plan in place for weight loss. The registered nurse spoken with explained staff had observed that the patient became unsettled when a spoon or cup was brought near to their mouth. Due to the patient's cognitive impairment they were unable to verbalise if they were in pain therefore staff had referred the patient to a dentist who completed an examination. This problem solving approach to the patient's reluctance to eat was commended.

Registered nurses and care staff spoken with were aware of food fortification and how this could be achieved. They confirmed that full fat milk and additional butter and sugar were provided for those patients identified as at risk of losing weight.

We observed the serving of the lunch in all of the dining rooms. Staff explained that a lighter meal is served at lunchtime and the main meal served in the evening. The tables were set with condiments, cutlery and napkins. The serving of the meals were observed to be well organised with patients being attended to in a timely manner. There was a choice of three meals.

We discussed the options for those patients who required a fork mashable diet or a pureed diet. On the day of the inspection the meal for patients who required a pureed diet was soup and potatoes; this was sent to the dining rooms in a large jug. The meal in one of the dining rooms contained significant lumps; staff were observed to remove these prior to serving the meal. The pudding was creamed rice and fruit however the consistency had not been modified for those patients who required a pureed meal. Staff did not serve this pudding to the identified patients but instead offered them yoghurt. Staff reported that often the soft mashable and pureed meals both come as a pureed consistency. Following discussion with the registered manager it was agreed that catering staff would receive training in the consistency of modified diets. This was identified as an area for improvement under the care standards.

We discussed the choice available for patients and how they availed of this. Staff in the general nursing units confirmed that patients were supported to choose their lunch and evening tea for that day in the morning. In the dementia unit staff completed the menu choice sheet on a weekly basis; this practice should be reviewed to allow patients to be involved in choosing their preferences in a meaningful manner. This was identified as area for improvement under the care standards.

The daily menu choice sheet did not indicate which meals were suitable for patients who required to have the consistency of their meal modified. Records reflected that staff recorded "soft option" or "pureed" for patients who required a modified diet. The daily menu choice sheets were not retained and the individual food and fluid charts for patients did not record the detail of the meal consumed only the quantity. Therefore there were no records to evidence if patients were receiving a nutritious and varied diet. Records must be kept of the meals provided in sufficient diet to enable any person inspecting it to judge whether the diet for each patient is satisfactory. This was identified as an area for improvement under regulation.

The chef informed us that the home operated a three week menu. We reviewed one week of the planned menu. It was unclear if there was a choice for all patients, including those who required a modified diet. Discussion with staff confirmed that generally patients who required a pureed meal were given soup and potatoes at lunchtime; it was unclear if this was due to personal preference or the unavailability of an alternative meal. The menu should be reviewed to ensure there is a choice for those patients who require a modified diet; this should also include snacks. This was identified as an area for improvement under the standards. It was agreed with the responsible person and registered manager that following the menu review the nutritional content of the menu would be reviewed.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) and dieticians. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

A palliative care registered was maintained and detailed the patients name, their underlying condition and the stage of their illness, for example stable, deteriorating, last few days. The information was reviewed monthly and updated as required.

Discussion with the registered manager and 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.

The registered manager confirmed that staff meetings were held regularly and records were maintained of the staff who attended, the issues discussed and actions agreed. The most recent staff meetings were held on 13 July 2017 with registered nurses and care staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of patients’ weight and communication of patient need between staff.

Areas for improvement

Areas were identified for improvement in relation to the creation of nutritional care plans, catering staff knowledge of modified consistency of meals, records of meals provided and menu choices for patients who require a modified diet.

	Regulations	Standards
Total number of areas for improvement	1	4

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.

Observations throughout the inspection evidenced that there was a calm atmosphere in the home and staff were quietly attending to the patients’ needs.

Patients were observed to be sitting in the lounges, or in their bedroom, as was their personal preference. Staff were observed responding to patients’ needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time. Staff spoken with were knowledgeable regarding patients’ likes and dislikes and individual preferences.

Patients spoken with commented positively in regard to the care they received. Those patients who were unable to verbally express their views were observed to be appropriately dressed and were relaxed and comfortable in their surroundings. Observation of care delivery confirmed that patients were assisted appropriately, with dignity and respect, and in a timely manner.

We discussed how the registered manager consulted with patients and relatives and involved them in the issues which affected them. Quality assurance questionnaires were sent out annually to patients. These were last sent in June 2017. The responses were collated and a report was issued. The responsible person confirmed that a copy of the report was available in the home for patients, relatives and visitors to view. The majority of responses were positive; some dissatisfaction was expressed with regard to the environment; as previously discussed there is significant refurbishment planned.

The registered manager confirmed that patient and relatives meetings were held regularly and records maintained of the issues discussed. The registered manager explained that they generally try to meet with the patients prior to meeting with the relatives as this provides them with an opportunity to give the relatives some feedback on any issues/suggestions raised by the patients. The most recent patients meeting was 6 July 2017 and the relatives meeting was 7 July 2017; meetings were scheduled for October 2017 but was cancelled due to events in the home.

We spoke with the relatives of two patients who were complimentary regarding the standard of care, staff, communication and the general atmosphere in the home. We also sought relative's opinion via questionnaires; ten questionnaires were issue and four were returned in time for inclusion in this report. All of the relatives indicated that they were either very satisfied or satisfied that the care in the home was safe, effective and compassionate and that the service was well led. One relative commented on the lack of space in one day room when relatives are visiting and that the variety and presentation of the pureed meals could be improved upon.

Ten questionnaires were issued to nursing, care and ancillary staff; one was returned prior to the issue of this report. The staff member was very satisfied with the care provided across the four domains.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and the caring and compassionate manner in which staff delivered care.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 and the condition of registration regarding two named patients. The Statement of Purpose and Patient Guide were available in the home.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. In discussion patients and relatives were aware of the roles of the staff in the home and whom they should speak to if they had a concern. Patients and relatives spoke about the registered manager in positive terms and felt confident that they would respond positively to any concerns/suggestions raised.

The registered manager's hours were clearly recorded in the home. Discussion with patients and staff evidenced that the registered manager's working patterns provided good opportunity to allow them contact as required. The registered manager confirmed that the responsible person and quality improvement lead visited the home regularly and were available for support. The registered manager was also supported in her role by the deputy manager.

Discussion with the registered manager and 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. The complaints record was well maintained with information of the action taken in response to complaints and a detailed response to the complainant.

Numerous compliments had been received and were displayed in the home in the form of thank you cards. The following are examples received on thank you cards:

"Thank you for all your devoted care."

"Thank you for all your love, care and attention."

"You will never know how much you helped me to cope with myillness.....each of you made a difference to me as well as to my....."

The registered manager confirmed that monthly audits were completed, for example response times to nurse call bells, care records and completion of repositioning charts. The records of audit evidenced that any identified areas for improvement had been reviewed to check compliance and drive improvement.

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

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Review of records evidenced that unannounced quality monitoring visits were completed on a monthly basis by the regional manager on behalf of the responsible person. An action plan was included within the report to address any areas for improvement. The action plan was reviewed at the next visit. A copy of the quality monitoring reports were available in the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management support and the maintenance of good working relationships between staff.

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 Mandy Mitchell, responsible person and Philomena McIlwaine, 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 Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 19(1)(a) Schedule 3, 13</p> <p>Stated: First time</p> <p>To be completed by: 7 November 2017</p>	<p>The registered person shall ensure that records of the meals provided are maintained in sufficient diet to enable any person inspecting it to judge whether the diet for each patient is satisfactory.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: Monthly booklets have been designed for each unit in the home with client's likes/dislikes and choices of meals. Each day there are two choices for normal diets and modified diets.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)

<p>Area for improvement 1</p> <p>Ref: Standard 12.3</p> <p>Stated: First time</p> <p>To be completed by: 7 November 2017</p>	<p>The registered person shall ensure that patients who are at risk of malnutrition should have a nutritional care plan in place.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: A review of all residents who are at risk of malnutrition was undertaken . Those identified have now a nutritional care plan in place .This will be monitored through internal audit</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12.15</p> <p>Stated: First time</p> <p>To be completed by: 7 November 2017</p>	<p>The registered person shall ensure that catering staff receive training on the consistency of modified diets.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: All catering staff have completed Diet & Nutrition online training which included modified diets. Two day training with nutritionalist also has been completed. Further training for modified diets has been arranged</p>

<p>Area for improvement 3</p> <p>Ref: Standard 12.1</p> <p>Stated: First time</p> <p>To be completed by: 7 November 2017</p>	<p>The registered person shall ensure that patients in the dementia unit have the opportunity to choose their preferences for meals in a meaningful manner.</p> <p>The practice of completing the menu choice sheet on a weekly basis should be reviewed.</p> <p>Ref: Section 6.5</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12.13</p> <p>Stated: First time</p> <p>To be completed by: 7 November 2017</p>	<p>The registered person shall ensure that the menu is reviewed and that there is a choice for those patients who require a modified diet; this should also include snacks.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: A Four week cycle of Autumn/Winter menus have been completed with the aid of a nutritionalist. Picture menus will be obtained for client choices and choices will be recorded in the monthly menu choices</p> <p>Response by registered person detailing the actions taken: Menus have been reviewed and replaced with 2 choices for normal and modified diets. This also includes all snacks.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
🐦 @RQIANews