

# Unannounced Post-Registration Care Inspection Report 14 June 2017



## Wood Green Nursing Home

**Type of Service: Nursing Home**

**Address: Wood Green, Circular Road, Jordanstown, BT37 0RJ**

**Tel No: 028 9036 9901**

**Inspector: Donna Rogan**

[www.rqia.org.uk](http://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.

**1.0 What we look for**



**2.0 Profile of service**

The nursing home operates on the first and second floor of a three story building. The first floor accommodates 26 frail elderly nursing beds. The second floor accommodates 32 nursing patients living with dementia. The ground floor currently provides residential care for residents living with dementia. The home was first registered with RQIA in March 2017.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Manor Healthcare Ltd  <b>Responsible Individual:</b> Eoghain King	<b>Registered Manager:</b> Tiago Moreira
<b>Person in charge at the time of inspection:</b> Tiago Moreira	<b>Date manager registered:</b> 20 March 2017
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia.	<b>Number of registered places:</b> 58 comprising: 32 – NH-DE 26 – NH -I

### 4.0 Inspection summary

An unannounced inspection took place on 14 June 2017 from 10.30 to 15.30 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 inspection assessed progress with any areas for improvement identified during and since the pre-registration 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 recruitment practices, staff training, care records, and the environment.

Areas for improvement were identified in relation to activities, furnishings in lounges and dining areas, the management of storage areas and the dining experience. Two areas for improvement are stated for a second time in relation to ensuring the work to the garden area is completed and the environment on the second floor is further enhanced in keeping with best practice in dementia care.

Patients and one representative were very positive about the care and services they were receiving. All stated they felt well cared for and that they enjoyed living in the home. One patient representative was very praiseworthy of staff stating they were very caring and always kept them informed.

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

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*2	4

\*The total number of areas for improvement includes two under regulations; one of which has been stated for a second time and the other one has been carried forward to 30 September 2017 as this was the original timescale set during the pre-registration inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Tiago Moreira, registered manager, and Eoghain King, registered person, 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 pre-registration inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the pre-registration inspection on 7 March 2017.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report and the returned Quality Improvement Plan.

During the inspection the inspector met with eight patients individually, two registered nurses, three care staff, two domestic staff, one patients' representative, the registered manager and the registered person.

The following records were examined during the inspection:

- staff duty rota
- induction programme for new staff
- sample of competency and capability assessments
- staff training schedule/records
- two staff recruitment files
- three patients' care files
- minutes of staff meetings
- complaints and compliments records
- audit information
- monthly monitoring reports
- fire safety risk assessment
- fire drill records
- maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors
- samples of policies and procedures.

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

The findings of the inspection were provided to the registered manager and registered person at the conclusion of the inspection.

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent inspection dated 7 March 2017**

The most recent inspection of the home was an announced pre-registration inspection.

The completed QIP was returned and approved by the care inspector.

**6.2 Review of areas for improvement from the last care inspection dated 7 March 2017**

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 27 (2) (o)</p> <p><b>Stated:</b> First time</p>	<p>The registered provider must ensure that the garden area identified to the back of the home is developed with planted, and grass areas. Each unit should have a separated area provided with suitable fencing. This should be completed as soon as the weather permits.</p> <p>The registered provider should confirm to RQIA that the garden has been secured as agreed within four weeks.</p>	<p><b>Partially met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The garden area had been secured. Discussion with the registered manager confirmed plans were in place to further develop the garden area.</p>	
	<p>The completion date for this area of improvement is 30 September 2017. The progress to date in securing the garden area is acknowledged and the rest of this action will be reviewed at the next care inspection.</p>	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27 (2) (a)</p> <p><b>Stated:</b> First time</p>	<p>The registered provider must ensure that the environment in the dementia nursing floor will be further enhanced to promote best practice in dementia care and to ensure the overall environment is conducive to accommodate patients with dementia. Progress in this regards will be assessed during the post registration inspection.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and inspection of the environment confirmed that some changes had been made in keeping with best practice in dementia care. The registered manager confirmed this work was currently ongoing with further plans to ensure the environment is conducive to accommodate patients with dementia.</p> <p>This area for improvement is stated for the second time.</p>	<p><b>Partially met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (2) (c)</p> <p><b>Stated:</b> First time</p>	<p>The registered provider must ensure that further safety measures are provided in relation to the two arch windows opening at ground level in the dementia nursing floor. A risk assessment should be completed and adequate arrangements put in place to eliminate any unnecessary risks to patients.</p> <p><b>Action taken as confirmed during the inspection:</b> The risk assessment was completed and a rail has been provided to both identified arch windows in the dementia nursing floor.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes (2015)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should provide drying racks in the sluice rooms in keeping with the management of infection prevention and control.</p> <p><b>Action taken as confirmed during the inspection:</b> Drying racks have been provided in the sluice rooms.</p>	<p><b>Met</b></p>

## 6.3 Inspection findings

### 6.4 Is care safe?

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

The registered manager confirmed the staffing levels for the nursing home and that these were subject to regular review to ensure the assessed needs of the patients were met. No concerns were raised regarding staffing levels during discussion with patients, one patient's representative and staff. The registered manager confirmed that admissions to the home had been temporarily suspended pending further staff recruitment thus ensuring staffing numbers remain adequate to meet patients' needs at all times.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff questionnaires confirmed that mandatory training was provided. The registered manager outlined the arrangements for supervision and appraisal of staff. A schedule for mandatory training was maintained and was reviewed during the inspection. The review evidenced that the majority of staff had attended the training provided.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory.

A recruitment and selection policy and procedure was in place. Discussion with the registered manager and review of staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005.

Enhanced Access NI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that Access NI information was managed in line with best practice. Arrangements were in place to monitor the registration status of registered nurses with their professional body, (Nursing and Midwifery Council, (NMC).

The adult safeguarding policy and procedure was reviewed during the pre-registration inspection and was consistent with the current regional guidance. The registered manager confirmed that there were plans in place for an identified member of staff to complete specific training regarding the role of safeguarding champion. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations

in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided and was attended by all staff.

Discussion with the registered manager confirmed that all suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; and that written records would be retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual patients. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to patients' admission to the home.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly; for example, legionella and fire safety checks.

Infection prevention and control (IPC) policies and procedures were in place. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures. Good standards of hand hygiene were observed to be promoted within the home.

The registered manager reported that there had been no outbreaks of infection since the home opened and that any outbreak would be managed in accordance with home's policy and procedures, reported to the Public Health Agency, the Trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the patients' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh, clean and appropriately heated. Décor and furnishings were completed to a high standard. Following the pre-registration inspection changes have commenced to ensure the environment was dementia friendly. This work is currently ongoing and an area for improvement has been stated for a second time in this regard.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. Work was ongoing regarding the completion of the garden area as raised in the pre-registration inspection. Work was also ongoing to continuously improve the dementia nursing environment in relation to best practice.

There were no obvious hazards to the health and safety of residents, visitors or staff observed during this inspection. However, the lounges and dining rooms are required to be further enhanced in terms of providing soft furnishing and furniture to ensure it is homely and welcoming. An area of improvement was made in this regard. Work is continuing to enhance



the outside garden. The completion date agreed at the pre-registration inspection was September 2017 and this area for improvement has been carried forward to the next care inspection. An area for improvement in regard to the environment in the nursing dementia unit has been stated for a second time in the Quality Improvement Plan appended to this report. An improvement was also identified to ensure that the designated storage areas are clearly defined in the home and managed in accordance with best practice.

The home had an up to date fire risk assessment in place dated 7 February 2017, the registered manager confirmed all recommendations had been appropriately addressed.

Review of staff training records confirmed that staff had completed fire safety training. The most recent fire drill was completed in March 2017. Records were retained of staff who participated and any learning outcomes.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, infection prevention and control and the home’s environment.

**Areas for improvement**

Two areas for improvement were identified to ensure compliance with standards they related to the provision of soft furnishings and furniture in the lounges and dining areas and the management of storage areas.

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

**6.5 Is care effective?**

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

Discussion with the registered manager established that staff in the home responded appropriately to meet the assessed needs of patients.

Three patient care records were reviewed; these were maintained on an electronic recording system. The registered manager confirmed all electronic records were supported by an adequate back up system. The care records reviewed included an up to date assessment of nursing needs, life history, relevant risk assessments, nursing care plans and daily statement of patients’ health and well-being. A review of the care records evidenced that the care needs assessments and risk assessments in relation to nutrition, falls, pressure and pain were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the patients’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual patients. Discussion with staff confirmed that a person centred approach underpinned practice, for example, patients’ personal likes and dislikes including food preferences are planned and responded to.

The registered manager confirmed arrangements to monitor, audit and review the effectiveness and quality of the care delivered had recently been introduced. This information was made available for inspection. Outcomes from the newly introduced auditing systems shall be reviewed during a future inspection. Further evidence of audit was contained within the monthly monitoring visits reports.

The registered manager confirmed that systems were in place to ensure effective communication with patients, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, staff meetings and staff shift handovers. The registered manager confirmed arrangements were in place to develop regular patient and/or representative meetings. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Discussion with patients, one patient representative and the observation of practice evidenced that staff were able to communicate effectively with patients, their representatives and other key stakeholders.

The registered manager confirmed that there was no formal arrangements in place to ensure patients have regular activities, it was confirmed that these are carried out by care staff at an ad hoc basis. The registered manager confirmed that management were currently trying to recruit someone for this role. An area for improvement has been identified in this regard.

The lunch time meal was observed in both dining areas, the meal served appeared appetising and choices were offered choices from the adjoining servery. An area for improvement was identified that the dining experience should be reviewed in order to enable patients to be independent in their choices regarding food preferences. The menu should be clearly displayed and items of food such as fluids, fruit, and condiments should be visible to patients to promote and enable choices.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records and communication between residents and staff.

### Areas for improvement

There were two areas for improvement identified in relation to the formal provision of activities and improvement to enhance patients dining experiences.

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

#### 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.**

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice

and consent of patients. Discussion with staff, patients and one representative confirmed that residents' preferences and cultural needs were met within the home.

The registered manager, patients and their representatives confirmed that consent was sought in relation to care and treatment. Discussion with patients, one visiting representative and staff alongside observation of care practice and social interactions demonstrated that patients were treated with dignity and respect. Staff confirmed their awareness in the importance in promoting patients' rights, independence and dignity. Staff were able to demonstrate how patients' confidentiality was protected for example ensuring discussions regarding patients' care needs are held in private in the nursing office.

The registered manager and staff confirmed that patients were listened to, valued and communicated with in an appropriate manner. Discussion with staff, patients, one representative and observation of practice confirmed that patients' needs were recognised and responded to in a prompt and courteous manner by staff.

Patients spoken with during the inspection made the following comments:

- "I am happy and content here"
- "I like it, staff are very kind"
- "It is not home, but it is a good place"
- "I like the food"
- "I have no complaints"

There were no completed questionnaires returned from patients in time to include comments in the report.

Staff spoken with during the inspection made the following comments:

"It is a lovely home"  
 "I am enjoying working here"  
 "It will take a while to find our feet but we will get there"  
 "We have received training"  
 "I think the care is good; the manager is approachable"  
 "I think our ideas are taken on board"

One relative spoken with expressed complete satisfaction with the care their relative was receiving, they felt they were kept well informed and confident that staff were well trained and were kind and considerate. They stated they would go to the registered manager if they had any ongoing concerns.

There were no completed questionnaires returned from relatives/representatives in time to include comments in the report.

### **Areas of good practice**

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

## Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.7 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 registered manager outlined the management arrangements and governance systems in place within the home. As stated earlier in this report, admissions to the home had been temporarily suspended pending recruitment of additional nursing staff to ensure patients' safety at all times. The registered manager confirmed arrangements were being further developed relating to the auditing of procedures in the home, in areas such as infection prevention and control, equipment and maintenance checks and systems to gather views and opinions of patients and representatives. The registered manager confirmed such information would be used to enhance service delivery. An application regarding a variation to the registration of the home has been received by RQIA. The registered manager and senior management were aware of the need to liaise and consult with RQIA regarding any changes to the homes registration. The needs of patients accommodated were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

There was a complaints policy and procedure in place. Patients and/or their representatives were made aware of how to make a complaint by way of the Patients Guide. Review of the complaints information confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

The registered manager confirmed there was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the patients. For example, the registered manager confirmed that staff training was planned relating to dementia care and the safeguarding champion role.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005; a report was produced and made available. The need to ensure separate reports were completed for both the residential and nursing homes were discussed with the registered manager to ensure all relevant information was readily available and easily deciphered. This was agreed on all future monitoring reports.

There was a clear organisational structure as outlined by the registered manager and all staff were aware of their roles, responsibility and accountability. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home through regular visits and updates.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the QIP returned after the previous inspection confirmed that the registered provider responds to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues would be managed appropriately and that reflective learning would take place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, auditing arrangements and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Tiago Moreira, registered manager and Eoghain King, registered person, 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 to RQIA's office 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](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

## Quality Improvement Plan

29 AUG 2017

## Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

## Area for improvement 1

Ref: Regulation 27 (2) (o)

Stated: (Carried forward)  
First timeTo be completed by:  
30 September 2017

The registered person shall ensure that the garden area identified to the back of the home is developed with planted, and grass areas. Each unit should have a separated area provided with suitable fencing. This should be completed as soon as the weather permits.

Ref: Section 6.2 and 6.4

## Response by registered person detailing the actions taken:

Garden has now been secured and further development of the space is planned to be implemented.

## Area for improvement 2

Ref: Regulation 27 (2)  
(a)

Stated: Second time

To be completed by:  
30 September 2017

The registered person shall ensure that the environment in the dementia nursing floor will be further enhanced to promote best practice in dementia care and to ensure the overall environment is conducive to accommodate patients with dementia.

Ref: Section 6.2 and 6.4

## Response by registered person detailing the actions taken:

Signage is now up in all units and environment has been started to be developed to provide a dementia friendly accommodation to all residents.

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

## Area for improvement 1

Ref: Standard 43

Stated: First time

To be completed by:  
31 July 2017

The registered person shall ensure that the lounges and dining rooms are further enhanced in terms of providing soft furnishing and furniture to ensure it is homely and welcoming.

Ref: Section 6.4

## Response by registered person detailing the actions taken:

Dining rooms and lounges are being furnished to promote a welcoming environment to all residents, visitors and staff.

<p><b>Area for improvement 2</b></p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2017</p>	<p>The registered person shall ensure that the designated storage areas are clearly defined in the home and managed in accordance with best practice.</p> <p>Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Storage has now been identified to suit the most practical function.</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2017</p>	<p>The registered person shall ensure that the dining experience is reviewed in order to enable patients to be independent in their choices regarding food preferences. The menu should be clearly displayed and items of choice should be visible to patients to promote choices.</p> <p>Ref: Section 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> Menus have been enhanced and are displayed to promote choices to residents. New menus still being trialed and once set picture menus will be available for residents to choose.</p>
<p><b>Area for improvement 4</b></p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2017</p>	<p>The registered person shall ensure activities are arranged on a regular basis and a formal activity plan is formulated and followed.</p> <p>Ref: Section 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> New activity coordinator has been started and activities program being developed.</p>





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