

# Inspection Report

**3 March 2022**



## Rose Court Residential Home

**Type of service: Residential (RC)**

**Address: 30 Westbourne Avenue, Ballymena, BT43 5LW**

**Telephone number: 028 2564 8165**

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

---

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation:</b> Kathryn Homes Ltd  <b>Responsible Individual:</b> Mr Stuart Johnstone (Applicant)	<b>Registered Manager:</b> Mr Martin O'Kane – not registered
<b>Person in charge at the time of inspection:</b> Mr Martin O'Kane	<b>Number of registered places:</b> 82  A maximum of 60 residents in category RC-DE to be accommodated in the Maine Suite and Slemish Suite, a maximum of 22 residents in category RC-I to be accommodated in the Galgorm Suite.
<b>Categories of care:</b> Residential Care (RC) DE – Dementia I – Old age not falling within any other category.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 59
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides residential care for up to 82 residents. The home is divided in three units over two floors. The Maine suite is located on the ground floor with the Slemish and Galgorm suites located on the first floor. There are a number of communal lounges and dining rooms throughout the home.  There is a registered nursing home located within the same building.	

## 2.0 Inspection summary

An unannounced inspection was conducted on 3 March 2022 from 10.00am to 5.15pm by two care inspectors.

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

Residents told us that they were happy in Rose Court and spoke highly of the staff. Those residents who were unable to articulate their needs were observed to be well presented, relaxed and comfortable in their surroundings and in their interactions with staff.

Staff told us that Rose Court Residential Home was a good place to work, there was a good sense of teamwork and that the manager was approachable.

Staff in the home were observed to be compassionate and promoted the dignity and well-being of residents.

Deficits were identified in relation to: the cleanliness of the environment; domestic provision for the home; infection prevention and control (IPC) practices; and managerial oversight and governance arrangements. Four areas for improvement were stated for a second time; one area for improvement was carried forward to a future inspection; and four new areas for improvement were made.

Based on the inspection findings and discussions held, RQIA were assured that compassionate care was being delivered in Rose Court. The need for more robust managerial oversight and governance systems within the home was acknowledged by the Responsible Individual (Applicant) who was present during the inspection, in order to drive the improvements needed.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

### 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

## 4.0 What people told us about the service

As part of the inspection process we spoke with 17 residents individually, 8 members of staff and three Care Partners. Other residents were spoken with in group settings in some of the communal areas.

Residents told us that they were happy in Rose Court Residential Home and described the staff as good. Two residents told us they did not like the food on offer. This was discussed with the manager who agreed to speak to each resident to ascertain their likes and dislikes and update their care records accordingly. Residents told us:

- “I’m very happy. It’s my home. The staff members are nice and the food is good”..
- “The staff members are excellent. I couldn’t be in a better place”.
- “I’m treated well. I have no worries. If I did I would talk to a nurse”.
- “The food is not great, the portions are too big and I get carrots every day”.

Staff told us there was good team work in Rose Court Residential Home and that the manager was approachable. Some staff told us that communication between the management and staff in the home can be poor and the staff duty rota is not always released in a timely manner to allow staff to forward plan. These comments were shared with the manager for consideration and action, as appropriate.

Three visiting Care Partners were available on the day of inspection. All the Care Partners were satisfied with the care in Rose Court Residential Home and told us that the communication is good and “the staff are very accommodating” and “friendly”. One Care Partner told us “My relative consistently tells me that she is happy, I have no worries”.

No questionnaires were received from residents, relatives or staff.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 3 August 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> Second time	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> <li>• Staff wearing jewellery, nail polish, gel nails and long sleeves.</li> </ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Staff members were observed to be adhering to IPC guidelines. While some deficits were identified, these were addressed directly with the individual staff concerned and escalated to the manager.</p>	
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 20 (1) (c)  <b>Stated:</b> First time	<p>The registered person shall ensure that newly appointed staff are provided with a robust induction programme, and this is completed in a timely manner, signed off by the manager and available for inspection in staff recruitment records.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> A review of recruitment records evidenced that this area for improvement has been met.</p>	
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 20 (1) (c) (i)  <b>Stated:</b> First time	<p>The registered person shall ensure that staff completes training relevant to their role.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> <li>• Falls prevention</li> <li>• Dementia care.</li> </ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> A review of training records evidenced that this area for improvement has been met.</p>	

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 15 (2) (a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall, having regard to the number and needs of the residents, ensure that resident dependency levels are assessed, kept up to date and regularly reviewed.</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement has been met. A review of records evidenced that dependency assessments were completed in respect of each resident and reviewed on a regular basis.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 20 (3)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure competency and capability assessments are completed and reviewed regularly for any staff that have responsibility of being in charge of the home in the absence of the manager.</p> <p><b>Action taken as confirmed during the inspection:</b> Competency and capability assessments were not available on the day of inspection. Discussion with the Responsible Individual (Applicant) highlighted these were not in place.</p> <p>This area for improvement is not met and is stated for a second time.</p> <p>This is further discussed in Section 5.2.1.</p>	<p><b>Not Met</b></p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 15 (2) (a) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure residents' care plans and risk assessments are kept up to date and regularly reviewed to accurately reflect the assessed needs of the resident.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of care records evidenced that this area for improvement has been met.</p>	<p><b>Met</b></p>

<b>Area for improvement 7</b>  <b>Ref:</b> Regulation 14 (5)  <b>Stated:</b> First time	<p>The registered person shall ensure the use of restrictive practices is regularly reviewed by the manager in the form of a monthly audit.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met. It was agreed that a meaningful review of the restrictive practice audit is evidenced on a monthly basis.</p>	Met
<b>Area for improvement 8</b>  <b>Ref:</b> Regulation 10 (1)  <b>Stated:</b> First time	<p>The registered person shall implement robust governance and management systems to ensure effective managerial monitoring and oversight of the day to day service provided by the home.</p> <p>This relates specifically to the robust completion, action planning and management oversight of all governance quality assurance audits.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> While improved governance systems have been implemented, the audits reviewed did not evidence an analysis of the audit findings by the manager in order to identify trends and drive improvement. This is further referenced in Section 5.2.5.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	
<b>Area for improvement 9</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> First time	<p>The registered person shall ensure monthly monitoring reports are available at all times for inspection by RQIA.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Monthly monitoring reports were available on the day of inspection.</p>	Met



<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time	The registered person shall review the care plans relating to medicines management to ensure they are detailed and include the name of the medicine prescribed.	<b>Carried forward</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time	The registered person shall ensure that: <ul style="list-style-type: none"> <li>The daily menu is displayed in a suitable format and is reflective of the meal choices available.</li> </ul>	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> While staff members were observed offering residents choice during mealtimes, a review of the menus evidenced that two units had no menu on display and one unit had an incorrect menu on display.  This area for improvement is not met and is stated for a second time.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> First time	The registered person shall ensure that fire drill records are completed in full and evidence home manager oversight.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of fire drill records evidenced that this area for improvement was met.	
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 17.15  <b>Stated:</b> First time	The registered person shall ensure that a robust complaint procedure is in place and if appropriate associated learning from complaints is embedded into improving practice.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> This information was not available on the day of inspection. This is further discussed in Section 5.2.5. This area for improvement has not been met and is stated for a second time.	



## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect residents. AccessNI checks had been sought and received prior to an individual commencing employment in the Home. A review of a sample of recruitment files evidenced that a structured orientation and induction was underway, signed by both the manager and the relevant staff member.

There were systems in place to ensure staff were trained and supported to do their job. Training records were reviewed in respect of falls prevention and dementia care. There was evidence that staff had attended training in respect of these topics.

There were systems in place to ensure staff maintained their registration with the Northern Ireland Social Care Council (NISCC). A review of this information confirmed that staff were appropriately registered with NISCC.

The staff duty rota accurately reflected the staff working in the home on a daily basis including the capacity in which they worked. However, it was not always clear within the rota that the person in charge of the home was in the absence of the manager. An area for improvement was made.

A review of records evidenced that dependency assessments were complete and regularly reviewed in respect of each resident. While this information was collated and reviewed by the manager, there was no analysis of the information in order to determine staffing levels. This was discussed with the management team during feedback and is further referenced in Section 5.2.5.

Discussion with the Responsible Individual (Applicant) identified that competency and capability assessments had not been completed. This was disappointing considering an area for improvement was identified in respect of this at the last care inspection. An area for improvement has been stated for a second time.

Staff described teamwork in the home as good and described the manager as approachable. Some staff identified communication in the home as being poor and told us the duty rota was not released in a timely manner which impacted their ability to forward plan. This was shared with the management team for consideration and action, as appropriate.

### 5.2.2 Care Delivery and Record Keeping

Staff members were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. For example, one resident appeared to cough while eating their lunch and a staff member promptly provided assistance.

At times, some residents may be required to use equipment that can be considered to be restrictive. For example, bed rails and alarm mats. A review of records evidenced that this

information was collated and reviewed by the manager. However, it is important that this information is analysed further in order to determine if a lesser restrictive option is available. This is further discussed in Section 5.2.5.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff. The dining experience was an opportunity for residents to socialise; the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. There was a choice of meals offered, and the food smelled appetising. A review of the home's environment highlighted that no menus were on display in two of the units, and an incorrect menu had been displayed within another unit. While staff were observed to be visually showing the residents what meals were available, the daily menu should be on display and in a suitable format so residents and their representatives know what is available at each meal time. An area for improvement has been stated for a second time.

A review of care records for a newly admitted resident evidenced that their needs were assessed at the time of their admission to the home. Following this initial assessment, care plans were developed to direct staff on how to meet the resident's needs and included any advice or recommendations made by other healthcare professionals. Residents' care records were also held confidentially.

There was evidence that care plans and risk assessments were regularly reviewed. Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

A review of the homes environment included residents' bedrooms; en-suites; store rooms; bathrooms and communal areas such as lounges and dining rooms. Residents' bedrooms were observed to be personalised with items important to them such as pictures and sentimental items.

Deficits were identified in relation to the cleanliness of the home. These deficits were brought to the attention of the manager and Responsible Individual (Applicant) on the day of inspection. The manager advised that domestic provision in the home had been impacted by staff sickness and vacant posts. This was evidenced in the staff duty rota which highlighted insufficient domestic provision to ensure the home was sufficiently clean and well maintained. While the manager advised that he carried out a daily walk around the Home in order to identify and address any deficits, there was no record maintained of this. RQIA received assurance from the Responsible Individual (Applicant) during and following the inspection that new measures were now in place to effectively address these shortfalls. An area for improvement was made.

Corridors and fire exits were clear of clutter and obstruction. A fire risk assessment had been completed on 27 September 2021 with no actions identified. There was evidence that fire drill records were appropriately maintained.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

However, observation of the home's environment highlighted insufficient Personal Protective Equipment (PPE) dispensers positioned throughout the home. The manager confirmed that 4 new PPE dispensers had been ordered and will be installed once they arrive.

Staff members were observed to be wearing PPE in accordance with guidelines and taking opportunities for hand hygiene. As outlined in Section 5.1, some staff members were not adhering to IPC best practice; this was addressed directly with the individual staff members and shared with the management team during the inspection. Deficits were also identified in relation to the quality of managerial oversight in respect of IPC, for example, relevant audits had not been completed. This was discussed with the Responsible Individual (Applicant) who provided assurances that these would be implemented in going forward. An area for improvement was made.

#### **5.2.4 Quality of Life for Residents**

Discussion with residents confirmed that they were able to choose how they spent their day. For example, some residents were observed in their bedrooms having a lie in, watching TV or reading magazines; other residents were observed to be relaxing in the communal areas watching TV, listening to the radio and conversing with one another.

The manager told us that an activity co-ordinator is employed in the home. An activity schedule was in place. Pet dogs were brought into the home on the day of inspection which the residents appeared to enjoy.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting and Care Partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

#### **5.2.5 Management and Governance Arrangements**

A new manager has been appointed since the last inspection. Mr Martin O'Kane commenced employment on 20 September 2021. An application for the manager's registration with RQIA was pending at the time of inspection. Following the inspection, RQIA was notified that an acting manager would be in place from 21 March 2022 pending a new manager being recruited and appointed.

Deficits were identified in relation to managerial oversight and governance arrangements within the home; this refers to a lack of robust managerial oversight regarding: cleanliness of the home's environment; staffing arrangements; IPC and auditing arrangements. For instance, although residents' dependency assessments and restrictive practice audits were in place there was no evidence that the manager had analysed or evaluated the audit findings. An area for improvement was stated for a second time.

A review of accident and incident records confirmed they were appropriately notified, if required to a resident's next of kin, care manager and RQIA. While relevant accidents and incidents had been reported to RQIA, they were not always submitted in a timely manner. In addition, it was also noted that insufficient arrangements were in place in the absence of the deputy manager to ensure the reporting of incidents to RQIA. An area for improvement was made.

Staff members were aware of their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

A review of records in regard to the management of complaints identified a number of deficits. The records were not up to date and review of one complaint did not evidence the outcome; an area for improvement has not been met and has been stated for a second time.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	5*	4*

\*the total number of areas for improvement includes four which have been stated for a second time and one which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20 (3)  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate and ongoing	The registered person shall ensure competency and capability assessments are completed and reviewed regularly for any staff who have responsibility of being in charge of the home in the absence of the manager.  Ref: 5.1 & 5.2.1
	<b>Response by registered person detailing the actions taken:</b> New Home Manager is reviewing all competency and capability assessments for all staff within Rose Court Residential. A staff file checklist has been implemented and will be used going forward to ensure assessments are completed with new employees as part of their induction process.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 10 (1)  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate and ongoing	The registered person shall implement robust governance and management systems to ensure effective managerial monitoring and oversight of the day to day service provided by the home.  This relates specifically to the robust completion, action planning and management oversight of all governance quality assurance audits.  Ref: 5.1 & 5.2.5.
	<b>Response by registered person detailing the actions taken:</b> Quality assurance audits have been completed to ensure effective managerial monitoring and oversight. These will be reviewed via Reg 29 visits by the ROD to ensure any actions recommended have been completed. New Home Manager has been made aware of auditing systems requiring monthly completion. Governance files and systems are in place to ensure ongoing compliance.

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27 (2) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall, having regard to the number and needs of the residents, ensure that all parts of the home are kept clean. This includes oversight arrangements of the domestic provision within the home and environmental audits.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> A Housekeeper has been recruited by the Manager. A full compliment of domestic staff are now in employment. Domestic rotas will be reviewed daily by the Home Manager and Deputy Manager to ensure compliance with domestic and environmental requirements. A staff meeting was held with all domestic staff where expectations regarding environmental cleanliness was clearly spelt out. The state of the environment within the home will be closely monitored by the ROD on each visit to the home.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure robust IPC arrangements are implemented and regularly audited. This includes but is not limited to:</p> <ul style="list-style-type: none"> <li>- Hand hygiene;</li> <li>- PPE compliance;</li> <li>- Donning and doffing of PPE;</li> </ul> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Hand hygiene / donning and doffing audits have been completed for April 2022. The Home Manager is completing daily walk rounds and monitoring and recording compliance. Findings of outcomes following walkabouts will be discussed at daily flash meetings with Care Team Leaders and other relevant staff and any follow up action agreed with the relevant staff.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure effective systems are in place to ensure that any notifiable event is reported to RQIA in a timely manner.</p> <p>Ref: 5.2.5.</p> <p><b>Response by registered person detailing the actions taken:</b> Notification tracker has been put in place. New Home Manager has implemented a robust system for ensuring all accident/incident forms are signed off and sent to the RQIA daily where notifications are required. Deputy Manager will complete this in the Managers absence. Notifications will be reviewed by the ROD during their Reg 29 visits to the home.</p>



<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall review the care plans relating to medicines management to ensure they are detailed and include the name of the medicine prescribed.  Ref: 5.1
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate and ongoing	The registered person shall ensure that: <ul style="list-style-type: none"> <li>the daily menu is displayed in a suitable format and is reflective of the meal choices available.</li> </ul> Ref: 5.1 & 5.2.2.
	<b>Response by registered person detailing the actions taken:</b> The Manager has spoken to the catering staff and required them to ensure that the daily menus are displayed in a suitable format with a range of meal choices daily. Manager will monitor this on walk arounds to monitor compliance with this standard.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 17.15  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate and ongoing	The registered person shall ensure that a robust complaint procedure is in place and if appropriate associated learning from complaints is embedded into improving practice.  Ref: 5.1 & 5.2.5.
	<b>Response by registered person detailing the actions taken:</b> The Kathryn Homes complaints procedure is in place and has been shared with all relevant staff and a process has been agreed by the Director of Operations "you said we did" with the Manager to ensure appropriate learning is embedded in practice and evidenced,
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 25  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	The registered person shall ensure that the duty rota accurately reflects the person in charge of the home in the manager's absence.  Ref: 5.2.1.
	<b>Response by registered person detailing the actions taken:</b> The requirement for this to be documented has been known to the Manager and will be monitored routinely by senior staff that visit the home.





The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care

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