



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 16 May 2019



Rylands

Type of Service: Residential Care Home
Address: 11 Doagh Road, Kells, Ballymena BT42 3LZ
Tel no: 028 2589 2411
Inspector: Marie-Claire Quinn

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

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

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to fourteen residents in the categories of care outlined in Section 3.0 below. There is also a registered nursing home on these premises.

3.0 Service details

Organisation/Registered Provider: Rylands Responsible Individuals: Trevor Duncan Karen Duncan	Registered Manager and date registered: Valerie Rutherford 6 June 2018
Person in charge at the time of inspection: Valerie Rutherford	Number of registered places: 14
Categories of care: Residential Care (RC) I - Old age not falling within any other category MP (E) - Mental disorder excluding learning disability or dementia – over 65 years PH (E) - Physical disability other than sensory impairment – over 65 years	Total number of residents in the residential care home on the day of this inspection: 13

4.0 Inspection summary

An unannounced inspection took place on 16 May 2019 from 10.45 to 17.50 hours.

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.

Evidence of good practice was found in relation to the environment, staff training and professional development and the relationships between staff and residents, including the home's involvement in the Nursing and Midwifery Council (NMC) 'Culture in Care' programme. The registered manager was also pleased to advise that the home had recently been awarded a Northern Ireland Family Run Business award in recognition of their achievements.

Areas for improvement were identified in relation to staffing arrangements and ensuring that the home has a discrete statement of purpose as to the facilities and services provided to the residents.

Residents were positive about their experiences living in the home. Residents who were unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff and other residents.

Comments received from residents, people who visit them, professionals and staff during and after the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	0

Details of the Quality Improvement Plan (QIP) were discussed with Valerie Rutherford, 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 20 August 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 20 August 2018. No areas for improvement were identified during this inspection. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included previous inspection findings and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home.
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home.
- observe practice and daily life.
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. Seven responses were received from residents and their visitors who reported they were very satisfied that care in the home was safe, effective, and compassionate, and that the service was well led. One respondent stated, "My (relative) has been in Rylands nearly two years. During that time (they) have had first class care, we have no complaints. The staff are very helpful and do their duties with a smile."

A poster was provided for staff detailing how they could complete an electronic questionnaire; however no responses were received within the allocated time frame.

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

- staff duty rotas from 13 to 26 May 2019
- staff training schedule
- recruitment and induction records for one member of staff
- staff supervision schedule
- the care records of three residents
- compliment records
- a sample of policies and procedures including Adult Safeguarding, restraint, management of challenging behaviours, whistleblowing
- a sample of governance audits including hand hygiene, first aid kit, accidents and incidents and falls
- Annual Quality Review report 2018
- a sample of reports of visits by the registered provider 28 February 2019, 27 March 2019 and 29 April 2019
- minutes of relatives meeting 1 May 2019
- minutes of staff meetings 4 December 2018, 9 January 2019, 19 February 2019, 2 April 2019
- RQIA registration certificate.

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 outstanding areas for improvement from previous inspection(s)

There were no areas for improvement made as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

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

The home was very clean, tidy and warm. There was a calm atmosphere when the inspector arrived; several residents were enjoying listening to country music in the lounge while staff ensured they had something to drink. The inspector viewed a sample of the bedrooms; these were personalised for residents and also maintained to a high standard. Residents described their rooms as “warm and comfortable”.

Staff were observed using Personal Protective Equipment (PPE) when required. Hand hygiene information was also displayed throughout the home to promote this and reduce the risk of illness and infection.

The registered manager was aware of any potential safety hazards and was prompt in addressing these. For instance, a hoist had been left in the corridor presenting a potential fire hazard. This was immediately removed when highlighted to the registered manager. The inspector also noted that the pull cords for window blinds were not securely attached to the wall; however, on discussion with the registered manager, they advised that this was not required as the cords were breakable in case of an emergency.

The registered manager advised that the home aims to complete two fire safety evacuation drills per year. This is completed during both day and night shifts to ensure that all staff have experience in this. The registered manager advised that she is vigilant regarding fire safety in the home, and that she reviews the importance of this with staff to challenge complacency. There is a smoking room available in the home for residents and this was observed to be clean, tidy and free from obvious hazards.

The registered manager stated that there were no current vacancies in the residential home. A new member of care staff was commencing their induction in the home this week. This takes place over a minimum of three days in the residential home. If the care staff are also to be offered shifts in the nursing home, they will receive an additional two days induction specific to that role. Review of the duty rota reflected this and the days when new staff were receiving induction were highlighted, including naming the senior member of staff overseeing the induction.

We reviewed the recruitment record for one member of staff which was satisfactory. Staff were recruited safely, as this process included AccessNI checks and staff were supported to register with Northern Ireland Social Care Council (NISCC). The registered manager also reviews the NISCC portal system and maintains a hard copy of staff registration in order to monitor this and ensure all staff are appropriately registered.

The registered manager explained how staffing arrangements are planned on the needs and dependency levels of the residents. She feels that current arrangements are sufficient as the staff can meet the needs of the residents very well. No agency staff are used in the residential home. Relief/bank staff are available to cover leave, and in emergencies, such as a staff member calling in sick on the day, off duty staff from the nursing home may be contacted. The registered manager strongly values and emphasises team work among all members of staff.

Review of the duty rota confirmed that this reflected the staff on duty on the day of inspection, and the staffing arrangements as outlined by the registered manager. Staff who spoke with the inspector reported that they felt there were good levels of staffing in the home, and that the residential unit was fully staffed; "Day to day it's enough staff, we always look out for each other."

There were times during the inspection when we had to intervene to meet the needs of the residents. For example, whilst some residents could make their own way to the dining room, they needed support with moving chairs and sitting down, which was not available in a timely manner. The inspector had to seek staff to support a patient from the nursing home with toileting. Other residents required support with opening the door between the residential and nursing home, and the inspector also supported one resident who was eager to get to her

hairdressing appointment, as care staff were busy supporting other residents. We also noted that a call bell was not answered in a timely manner, requiring us to respond; the resident was seeking help with personal care. Staff arrived to answer this call bell very shortly after the inspector had responded.

This was discussed at length with the registered manager. She stated that one of the two activities co-ordinators, who supports residents during meal times, was on annual leave. The registered manager stated that it had been an oversight to not have additional staff scheduled to cover this. In addition, residents were visiting the hairdresser on this day and so there were short periods of time when care staff were supporting residents to the salon which is located in the nursing home. The registered manager also advised the inspector of a sudden change to that day's staffing in the nursing home, which she felt may have contributed to shortage of staff in the dining room.

We discussed amendments and adjustments the home could make to ensure that staffing levels in the residential home were adequate at all times. This included environmental issues, such as the ease of opening the door, and reviewing staffing arrangements over meal times and days where there are additional activities on for residents. The home will also need to consider staffing levels at night, as currently residential care staff contact nursing home staff to cover their short breaks. Review of the minutes of residential staff meetings highlighted some negative comments from residential care staff about the availability of nursing staff at times; the registered manager reported this was during a brief period of time when the nursing home had used agency staff, which was no longer the case.

We agreed that in an emergency, staff have a duty of care and professional responsibility to respond to residents' or patients' needs, for instance, if their call bell has not been answered within a reasonable time frame. However, it should not be standard daily practice as each home should be adequately and discretely staffed at all times, in line with their registration. The staffing in the nursing home should not impact on the staffing in the residential care home. This has therefore been stated as an area of improvement under regulation.

Review of the staff training matrix and discussion with the registered manager confirmed that staff were provided with mandatory training on an annual basis, some of which was planned for the upcoming weeks. Additional specialist training, such as dysphagia and continence management, was also available for staff.

Staff described training arrangements in the home as good, and stated that mandatory training such as infection prevention and control and adult safeguarding are reviewed annually. Staff were also positive about arrangements for additional training: "If Val (registered manager) sees extra training, she encourages and supports us to attend." This support and encouragement may have contributed to the several members of care staff who had applied to study nursing since working in the home.

Medications are being changed to the 'Pill Pack' method in the next week, and discussion with the registered manager and staff confirmed that they had received training on this. Staff expressed confidence in their skills in this, stating they had been able to observe experienced staff and "had proper training and induction" on medication management.

Staff were also positive about the level of support they received from management, both informally and during formal six monthly supervision. Review of the supervision and annual appraisal schedule for staff confirmed that this was planned in advance throughout the year.

Both the registered and deputy manager have completed Adult Safeguarding Champion training. The registered manager was aware of the need to complete the Annual Position Report for 2018, although this had yet to be completed.

The registered manager confirmed that there have been no adult safeguarding incidents or concerns in the residential home. Discussion with the registered manager and staff confirmed they had a good knowledge and understanding of their responsibilities under Adult Safeguarding, and that any identified concerns would be appropriately documented and referred to the relevant agencies.

Areas of good practice

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

Areas for improvement

One area for improvement was identified in relation to staffing arrangements.

	Regulations	Standards
Total number of areas for improvement	1	0

6.4 Is care effective?

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

Residents presented as relaxed and settled in the home. Residents had been supported with attending to their personal care and it was clear that time and attention had been taken to ensure that residents were content with their personal appearance. Residents were enabled to be as independent as possible, for instance making their own way to the dining room; however, staff were also observed to offer support discreetly as required, albeit with some delay in assisting to seat some of the residents in the dining room at lunch time.

There was evidence of strong friendly rapport between residents and staff, including management. Residents stated, "I couldn't complain, I have everything I need. The girls (staff) are awful good. I have a bell and they're not long coming when I need it." Staff were also positive about the effectiveness of the care provided in the home; "If we are short staffed, if someone phones in sick, it can be difficult, but we support each other. We all believe in team work and the residents are the priority." Staff described the home as "a nice, close knit unit. We know the residents very well."

Care documentation was person centred and completed to a good standard. Holistic assessments and care plans were in place for residents to ensure needs were identified and adequate action plan in place. It was positive to note that care records included detailed social history for residents. One section of one resident's care plan required some further detail; the registered manager agreed to review this.

The inspector noted that care documents referred to Rylands nursing home rather than the residential home and detailed "nursing interventions". This was discussed with the registered manager who stated this was an oversight and documentation could be amended to ensure that care records reflected that this was a residential home. Residents only receive nursing care, when required, from district nursing.

The majority of records had been signed by the resident and/or relative to evidence that treatment and care had been discussed and agreed with them. Annual care reviews were held with multi-agency professionals, and records retained. This reviews included residents and their relatives' views of the service being provided in the home, and these were positive.

Falls prevention advice and information was displayed in the home and in the staff office. Review of care records confirmed that falls risk assessments were in place, and regularly reviewed, including after any accidents or incidents. Any additional safety measures, such as bed rails or buzzer mats, had been assessed and were only used when needed to protect and promote resident's safety. Written records of consent were signed by the resident and/or relative to evidence their understanding and agreement of this.

Discussion with staff identified that in the case of falls, residential care staff alerted nursing staff in the nursing home, who would supervise residential care staff as they cared for the resident post fall. This is despite the fact that residential home staff have received their mandatory training, and the registered manager also stated that she felt confident that care staff can manage these occasions. We discussed whether care staff could receive additional support or training to improve their confidence and cease their reliance on nursing staff. The registered manager felt it was a benefit to residents that nursing staff were available; however, the inspector highlighted that this reduced available nursing staff in the nursing home. The registered manager stated that this was a minimal and infrequent disruption, and highlighted that she feels the arrangements are working well. It was agreed that in exceptional circumstances, for instance a life threatening situation, it would be appropriate for nursing staff to attend an incident, but routine incidents should be managed appropriately within the residential care home. This was also discussed in relation to staffing arrangements and an area for improvement was made to ensure that at all times there are suitably qualified and competent staff in sufficient numbers to ensure the health and welfare of the residents in the home. Please see Section 6.3 for further information.

The inspector observed the lunch time meal. That day's menu was displayed in both written and pictorial format on the tables. The cook spoke to individual residents to confirm what they wanted to eat, and residents were offered a choice between sausages or pork chops. Care staff also offered residents a choice of hot and cold drinks, and staff presented as knowledgeable of residents' preferences. When the lunch was served, staff were observed supporting some residents with eating if required.

Residents appeared to enjoy their meal and were positive about the food provided in the home: "It's good, plain feeding." One resident reported the food was "alright, but then I don't have much of an appetite" and stated that staff make sure she eats something. Another resident commented, "The food is okay, it's not like your own cooking, but close enough."

Some residents required texture modified diets. A brief synopsis of the dietary requirements of residents was displayed beside the entrance to the kitchen in the dining room. This information was also available in a lever arch file, and on place cards on trays. The registered manager felt that as the dining room was a secured area, this did not breach the residents' privacy. The registered manager stated that she felt the home had completed a robust review of practice in line with General Data Protection Regulation (GDPR) and outlined continual improvements being made to systems in the home to ensure this. She reported that this information needed to be readily and easily available to staff at all times, to ensure it is accurate.

We noted that care records were not always securely stored as the door to the office was left unlocked and cabinets had been left open. One filing cabinet had the key in the lock. This was highlighted to the registered manager who stated that this was not standard practice and would be discussed with staff. In addition, the home will ensure that staff have keys to the cabinets. The registered manager confirmed that this was in place following the inspection.

Ample information was retained in the home's waiting room, including a poster for the Patient and Client Council, and information from Public Health Agency regarding planning end of life care; and the RQIA registration certificate was on display. Pre-admission information was also available, and this included information on choice and control and end of life care. There was also a good selection of written information in the staff office, which was used to share learning and ensure best practice.

Effective communication between staff and management was evidenced through review of the minutes of staff meetings, which were held in addition to daily team meetings and shift handovers. Meetings were used to share learning and drive best practice, such as discussion of the updated dysphagia standards. It was positive to note that there had been a specific activities staff meeting, to ensure that a consistent range of activities was made available to all residents, including plans for those who declined group activities. The next residential staff meeting had been arranged for later this month, and this information was displayed and available for staff in the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, communication between residents, staff and relatives and catering arrangements in the home.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

All staff were observed to be kind, courteous, friendly and cheerful in their interactions with residents. Staff were observed knocking before entering bedrooms, and discreetly offering support with toileting in order to maintain residents' privacy and dignity. There appeared to be a warm rapport between staff and residents; residents appeared comfortable with staff, and able to request support when needed. Staff reported being "very fond" of the residents, and this was evident in their interactions.

Residents were positive their life in the home: "I couldn't say a bad word about it." Residents confirmed they were supported to make choices and decisions about their lives in the home: "My daughter is sick looking at my purple jumper but it's what I like to wear and I'm comfortable." Other residents choose to have their lunch in their bedrooms, stating they preferred this.

Residents' views and opinions were sought during day to day practice, for instance where they would like to eat or what activities they would like to engage in. More formal arrangements were also in place; a poster displayed in the home advised the date and time of the next residents' meeting, later this month.

Residents reported enjoying a range of activities: "I love singing. I like music. I like going out and chatting to people. I like the outdoors. I like reading, and there's plenty of books here. We like to know what's going on, so I get the paper every day and we watch the news in the evening." Some residents expressed a preference for spending time in their bedrooms, "I have my papers and my family visit me." Several residents reported enjoying spending time outside and highlighted how staff were currently repainting the benches to keep the area bright and inviting. There was a good selection of books and puzzles available in the lounge area, as well as a television.

Some residents had known each other before living in the home, and they were supported and enabled to maintain friendships which are important to them. Residents visited patients who lived in the nursing home, or patients joining residents in the lounge so that they can spend time with their friends. Residents were very positive about this aspect of living in the home:

- "We like to be together."
- "That's my friend, we keep each other right!"

The inspector was able to observe the afternoon group activity in the lounge. Residents enjoyed listening to Hugo Duncan and Philomena Begley while engaging in reminiscence therapy with the activities co-ordinator. Residents enjoyed looking through old catalogues and talking about the different clothes and fashion they had liked when they were growing up. Residents had the choice whether or not to engage in this activity; some residents preferred to have a nap after lunch. One resident enjoys reading the Bible in the afternoon, and it was positive to note that this level of detail was also included in care plans. The activity co-ordinator was also able to offer individual activities to residents, for instance accompanying one resident who wanted to have a walk around the gardens in the home.

The activity schedule was not displayed within the home, although was on display on a notice board close to the entrance. This was discussed with the registered manager who agreed to ensure this information is also displayed within the home.

A poster was displayed advertising upcoming events in the home, such as musical entertainment and friendship hour. This also included activities to meet the cultural and spiritual needs of the residents, such as visits from the Presbyterian minister. Bibles were also available throughout the home.

Hairdressing is available twice a week, and is a popular activity in the home. The hairdresser was working on the day of inspection, and was observed to have excellent rapport with the residents, who were delighted to see her and to be getting their hair done. Residents confirmed they liked to get their hair done regularly, and enjoyed making their way to the salon, which was located in the nursing home. Some residents did require support to get to the salon, which at times impacted the availability of staff for other residents. This was also discussed in relation to staffing arrangements. Please see Section 6.3 for further information.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, and the provision of activities.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Residents presented as comfortable and relaxed when interacting with the registered manager. Residents stated they felt able to talk to the staff or manager if they had any issues or concerns.

Staff were positive about working relationships in the home:

- “It’s good, I’m happy here.”
- “Val (registered manager) is supportive and hands on.”
- “I really like it; I’m very content and settled. The manager and the deputy are approachable; you’re not scared to bring any problems.”

Discussion with the registered manager and review of the minutes of the most recent relatives’ meeting confirmed that the home encouraged open and transparent communication. The registered manager is available for arranged meetings every Wednesday afternoon, but relatives are encouraged to approach staff at any time, with any concerns.

The registered manager conducts a range of audits in the home to monitor the quality of service provided. A sample of these audits was reviewed and found to be satisfactory.

A sample of the reports of the monthly monitoring visits by the registered provider was reviewed and found to be satisfactory. Identified issues were addressed, with a clear action plan in place.

Discussion with staff and the registered manager confirmed they liaised with residents, their families and multi-agency professionals to monitor the dependency levels of residents and ensure they were appropriately placed in residential care. The registered manager outlined how the home takes care and effort to ensure that this causes minimal disruption to the resident and that where possible, any moves are planned in advance.

The registered manager had completed the Annual Quality Review report for 2018. Feedback from residents and their relatives was included in the report, and this was all positive. The home also provided updates on their aims for the year, including improvements to falls management which had led to a reported 33 per cent reduction in the number of falls. It was noted that this report covered both the nursing and residential homes, and did not make a clear distinction between the two. For instance, it stated that every resident receives a named nurse on admission to the home, which is not the case in the residential unit. We discussed the need to ensure that residents and their families are provided with fully accurate information regarding the level of service provided in the home, and the registered manager expressed confidence in completing these adjustments.

However, even though there may be some cross over in information, as the residential and nursing homes are separate registrations, separate records must be maintained, in line with the home's Statement of Purpose. This relates to the annual quality review report, minutes of relatives' meetings and care documents, which had referenced 'nursing interventions' (as discussed in Section 6.4). This has therefore been stated as an area of improvement under regulation.

The registered manager outlined the home's response and approach to complaints management; they encourage open and transparent communication. They have not received any complaints since the most recent care inspection.

Information on RQIA and the Patient Client Council were on display in the home, and had been discussed at the most recent relatives' meeting.

The registered manager also advised that the home often receives informal compliments and praise from visitors and she is encouraging staff to better record this information. The home had retained some thank you card and letters from relatives and visitors. One potential resident had written to the home to advise they were "very impressed" with the service offered in the home; a dietician who had worked with residents and staff in the home had also written a detailed feedback letter, stating the residents were "treated with utmost dignity and respect" by staff.

An area of good practice was identified as the registered manager outlined the home's involvement in the Nursing and Midwifery Council (NMC) 'Culture in Care', a programme used to challenge management and staff. This encourages all staff to take more responsibility and ownership of care practices in the home, contributing to continuous quality improvement. The registered manager described how one staff member had suggested changes to the rota, which had benefitted both residents and staff. The registered manager hopes to embed this attitude and culture in the home. This commitment to quality improvement is to be commended.

Areas of good practice

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

Areas for improvement

One area for improvement was identified within this domain during the inspection. This is in relation to ensuring that separate documentation is maintained from the nursing home, in line with the residential home's Statement of Purpose and registration with RQIA.

	Regulations	Standards
Total number of areas for improvement	1	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 Valerie Rutherford, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 20. – (1)</p> <p>Stated: First time</p> <p>To be completed by: with immediate effect</p>	<p>The registered person shall having regard to the size of the residential care home, the statement of purpose and the number and needs of residents –</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Taking into consideration the size of the Residential Home, the statement of purpose, the number of residents and their needs, the Registered Person is happy that at all times there are suitably qualified, competent and experienced persons working within the home which are appropriate to meet the needs, health and welfare of the residents.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 3 (1) (a) (b) and (c); Schedule 1</p> <p>Stated: First time</p> <p>To be completed by: 16 May 2020</p>	<p>The registered person shall ensure that services are delivered in accordance with the statement of purpose as approved by the Regulation and Quality Improvement Authority at the time of registration. This is in relation to the maintenance of separate documentation and reports from the nursing home, such as Annual Quality Care Review report, minutes of relatives' meetings and care plan documentation.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Person has changed the format of documents and separated documentation and reports from the Nursing Home eg The Annual Quality Care Review Report, Minutes of Residents and Relatives Meetings and Careplan Documentation.</p>

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



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