

# Unannounced Care Inspection Report 23 February 2021 and 3 March 2021



## Cove Manor

**Type of Service: Residential Care Home**

**Address: 89 Mullanahoe Road, Ardboe,  
Dungannon, BT71 5AU**

**Tel No: 028 8673 6349**

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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 residential care home registered to provide care for up to 14 residents. The home shares the same site with Cove Manor nursing home (RQIA ID: 1419).

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Cove Manor Care Home Ltd  <b>Responsible Individual:</b> Sean McCartney	<b>Registered Manager and date registered:</b> Madge Quinn - 19 December 2018
<b>Person in charge at the time of inspection:</b> Madge Quinn	<b>Number of registered places:</b> 14
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years	<b>Number of residents accommodated in the residential home on the day of this inspection:</b> 12

### 4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. As a result, an unannounced care inspection took place on 23 February 2021 from 10.00 to 16.00 hours. The care inspection sought to assess progress with issues raised in the previous Quality Improvement Plan (QIP).

Following this unannounced care inspection, RQIA subsequently received information on 1 March 2021 which raised concerns in relation to the fire safety arrangements within the home. An unannounced estates inspection which focused on fire safety therefore took place on 3 March 2021 from 11.30 to 13.45 hrs; the findings of that inspection are referenced within section 6.2.6 of this report.

It is not the remit of RQIA to investigate whistleblowing concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during this inspection:

- staffing
- infection prevention and control (IPC)
- care delivery
- care records
- the home's environment
- fire safety
- governance and management.

Residents said that they felt safe in the home and that staff were kind to them.

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
<b>Total number of areas for improvement</b>	5	4

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Madge Quinn, manager and Sean McCartney, responsible individual, 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.

**5.0 How we inspect**

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

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 12 residents and two staff. Questionnaires were also left in the home to obtain feedback from residents and residents’ representatives. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with ‘Tell us’ cards which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rotas
- staff competency and capability assessments
- one staff member’s recruitment record
- record of a staff induction
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- IPC records and guidance
- three residents’ records of care
- fire safety risk assessment
- Regulation 29 monthly quality monitoring reports

- complaints and compliments records
- staff training records
- incident and accident records
- a sample of governance audits/records

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspections

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 17 November 2020. The quality improvement plan from the previous inspection was not reviewed at this inspection. This will be reviewed at a future inspection.

The most recent care inspection of the home was undertaken on 22 October 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21 (b)  <b>Stated:</b> Second time	The registered person shall ensure that: <ul style="list-style-type: none"> <li>• the date is recorded when the Enhanced AccessNI disclosure is reviewed by the registered manager.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of one staff member's recruitment record confirmed that the date was recorded when Enhanced AccessNI disclosure was reviewed by the manager.	

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 25.6 <b>Stated:</b> Second time	The registered person shall ensure that the duty rota reflects the capacity of the staff working in the home.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the staff duty rota confirmed that it did not record the capacity of staff working in the home. This is discussed further in section 6.2.1  This area for improvement was escalated to a regulation.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 19.3 <b>Stated:</b> First time	The registered person shall ensure that the Enhanced AccessNI disclosure certificate is stored in accordance with the AccessNI's code of practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of one staff member's recruitment record confirmed that the Enhanced AccessNI disclosure certificate was stored in accordance with the AccessNI's code of practice.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 25.6 <b>Stated:</b> First time	The registered person shall ensure that the duty rota accurately reflects the staff on duty in the home. The manager's hours should also be recorded.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the staff duty rota confirmed that it did not accurately reflect the staff on duty and the manager's hours were not recorded. This is discussed further in section 6.2.1  This area for improvement is escalated to a regulation.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 32 <b>Stated:</b> First time	The registered person shall review the cold storage of medicines to ensure thermometer recordings are within range and the thermometer is reset every day.	<b>Carried forward to the next care inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	



<b>Area for improvement 5</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered person shall develop a robust audit process which covers all aspects of medicines management.	<b>Carried forward to the next care inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	

## 6.2 Inspection findings

### 6.2.1 Staffing

During the inspection we could see that residents' needs were met promptly by the staff on duty. The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated; the manager further stated that staffing levels would be adjusted when needed. Discussion with the residents and staff confirmed that they were satisfied with the staffing arrangements in the home. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

Staff were knowledgeable about the needs of the residents and were seen to speak to them kindly and with warmth. Staff told us that teamwork was good and that the manager was both supportive and approachable. The staff reported that they all work together for the benefit of the residents. Staff spoken with commented positively on their work in the home; one comment included:

- "Care is very good here. I am very happy and I feel supported in work."

We reviewed the staff duty rota and noted that the full names of the staff were recorded. However the rota did not accurately reflect the staff working in the home and the manager's hours were not recorded. The rota did not consistently record the grades of staff and the person in charge of the home in the absence of the manager was not clearly identified. This matter was previously raised at recent inspections therefore a new area for improvement under regulation was made in this regard.

We reviewed staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager's absence. There was a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC) and the manager undertakes an audit of these registrations on a monthly basis. The manager is registered with the Nursing & Midwifery Council (NMC).

Review of one staff recruitment file confirmed that the necessary pre-employment checks were completed prior to staff commencing work in the home. One record of a staff induction was reviewed and we found these records also to be appropriately completed.

There was an overview of staff training in place which included mandatory training and additional training where this was required. This was checked on a monthly basis by the manager.

### 6.2.2 Infection prevention and control procedures (IPC)

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature and symptom check completed; hand sanitiser and the recommended Personal Protective Equipment (PPE) was available.

One of the staff spoken with advised that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of deep cleaning were maintained along with advice and guidance for domestic staff.

The staff had identified changing facilities where they could put on their uniform and the recommended PPE. PPE was readily available and PPE stations were well stocked. We observed that staff used PPE according to the current guidance. Staff told us that sufficient supplies of PPE had been maintained throughout the COVID-19 outbreak. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times. Staff were observed to use PPE in accordance with the regional guidance and to don and doff PPE correctly.

### 6.2.3 Care delivery

We observed that residents looked well cared for; they were well groomed and nicely dressed. It was obvious that staff knew the residents well; they spoke to them kindly and were very attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff.

The atmosphere in the home was calm, relaxed and friendly. We found that residents were chatty and engaged. Residents who were less well able to communicate were seen to be content in their surroundings. Residents spoke positively about life in the home, the staff and the food; they commented:

Some comments made by residents included:

- "I like it here; I am well seen to. The meals are lovely. If I have a problem I can go to any of them."
- "It's a great place."
- "The food is really good."
- "I am very happy in here."
- "The staff are excellent and the care is good."

The staff told us that they recognised the importance of maintaining good communication with families during the current pandemic. The care staff assisted residents to make phone or video calls with their families in order to reassure relatives that their loved one was well.

Care duties and tasks were organised and carried out in an unhurried manner. The lunch time meal was nicely presented and looked appetising.



#### **6.2.4 Care records**

We reviewed three care records. The records used language which was respectful of residents. We noted that the care records did not consistently record the name of the identified resident and the name and date of the person completing the entry. This was identified as an area for improvement.

We found that care plans were in place to direct the care required and reflected the assessed needs of the residents. However we noted that care plans in relation to the management of residents who smoke were not person centred and required to be more detailed. These care plans should also be developed in consultation with the commissioning trust. An area for improvement was made in this regard.

Care plans were updated to reflect recommendations from the multi-disciplinary team and current guidance relevant to their assessed needs, for example, recommendations from the speech and language therapist (SALT) or dieticians were included. There was evidence within care records of care plans and associated risk assessments including the management of falls being completed. We found that care plans were reviewed on a monthly basis however this review was not meaningful and not completed in sufficient detail. This was identified as an area for improvement.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents' needs, as required.

We noted that these records included a large amount of information which was no longer current making it difficult to identify the resident's current assessed care needs. We discussed with the manager about the need to streamline these records for ease of access and reading and this was identified as an area for improvement.

#### **6.2.5 Environment**

We reviewed the environment and looked at a selection of bedrooms, bathrooms, lounges, the dining room, storage areas and the treatment room. We observed that the home was warm, clean, tidy and fresh smelling throughout. Residents' bedrooms were personalised and the home was suitably decorated. Corridors and fire exits were clear of obstruction.

Most equipment was found to be maintained in a clean condition and to be stored appropriately in the home. However we identified in one bedroom where the bedrails were significantly damaged. This was identified as an area for improvement.

We found that radiators were very hot to touch and this could be a risk to residents in the event of a fall. We discussed this during feedback and we were informed that radiator covers were being made.

#### **6.2.6 Fire safety**

As stated in section 4.0, RQIA had received information which raised concerns in relation to fire safety arrangements within the home. As a consequence, an estates inspection was conducted.

We reviewed the fire safety risk assessment dated 7 January 2020 and records of a sample of fire safety control measures implemented in the home; the estates inspector also completed a visual inspection of the interior and exterior environment. The following findings were noted during this care and estates inspection:

- There were 17 recommendations made as a result of the fire safety risk assessment, with no corresponding evidence recorded of subsequent actions taken by the manager and/or responsible individual. The responsible individual reported that many of these recommendations had been addressed but not recorded as being done so.
- The last recorded BS5839 building user test of the fire detection and alarm system was dated 25 February 2021. The last recorded visual check of the firefighting equipment and BS5266 building user functional test of the emergency lighting system was dated 25 February 2021.
- Bedroom doors/door-frames had intumescent seals installed, but smoke brushes were not present. Sub-compartment corridor doors had intumescent seals with integral smoke brushes incorporated into the doors/door-frames; however, the seals were absent at two door-heads. The responsible individual agreed to commission an audit of all fire doors within the premises and to arrange for the installation of intumescent seals with integral smoke brushes on all fire doors in compliance with NIHTM84.
- The responsible individual agreed that a copy of the January 2020 Fire Risk Assessment action plan would be submitted to RQIA. Completed items are to be validated by the responsible individual and items not yet implemented are to be reviewed; the fire risk assessor is to be consulted by the responsible individual and revised dates listed on the action plan. The responsible individual stated that the fire safety consultant is commissioned to complete a revised fire risk assessment in April 2021.
- The external fire escape staircase was not protected from weather conditions; the responsible individual agreed to have a health and safety audit completed on the stairway and to implement any recommended improvements to safe guard residents if having to use the stairway.
- Fire safety training and fire safety drills were found to be maintained on an up-to-date basis.

In view of these deficits, an area for improvement was made. Added to this the NIFRS were informed of these findings and gave us subsequent assurances from their follow up visit to the home that matters were dealt with appropriately.

### **6.2.7 Governance and management arrangements**

There is a clear management structure within the home and the manager and the responsible individual were available during the inspection process. Discussion with the manager evidenced that she felt well supported in her role. The manager confirmed that she undertakes a daily walk around the home so that she is appraised with everything. All staff and residents spoken with commented positively about the manager and described her as supportive and approachable.

The last two months' Regulation 29 monthly monitoring reports dated 20 December 2020 and 15 January 2021 were reviewed. These reports lacked sufficient detail and information to provide assurances of good managerial oversight of the home. There were no action plans in place as there were no issues identified from these visits. An area of improvement was made for these reports to be improved accordingly.

Discussions with the manager and inspection of the records of complaints confirmed that expressions of dissatisfaction are taken seriously and managed appropriately.

Staff training records were well maintained and contained evidence that staff mandatory training and additional training was being maintained on an up-to-date basis. There were systems in place to identify and address areas of training that needed updating with staff.

The accident and incident reports were inspected. These events were found to be managed appropriately but there were no evidence recorded that the resident's aligned named worker(s) were notified of the event. We also identified incidents where RQIA were not notified in accordance with regulation. This was identified as an area of improvement.

An inspection of records of quality assurance found that a range of quality assurance and monitoring was in place, which included; IPC, hand hygiene and staff supervisions and appraisals.

### Areas of good practice

Evidence of good practice was found in relation to maintaining residents' dignity and privacy. We observed friendly, supportive and caring interactions by staff towards residents and we were assured that there was compassionate care delivered in the home.

### Areas for improvement

Nine areas for improvement were identified in relation to the staff duty roster, care records, fire safety, accident and incident reports, monthly monitoring reports and identified bedrails.

	Regulations	Standards
<b>Total number of areas for improvement</b>	5	4

## 6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a respectful manner. The environment was clean and tidy. Feedback from residents evidenced that they were very satisfied with the standard of care being provided.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Madge Quinn, manager, and Sean McCartney, responsible individual, 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 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 March 2021</p>	<p>The registered person shall ensure that the duty rota:</p> <ul style="list-style-type: none"> <li>• accurately reflects the staff on duty in the home</li> <li>• clearly identifies the person in charge in the absence of the manager</li> <li>• records the grades of all staff</li> <li>• records the hours worked by the manager</li> </ul> <p>Ref: 6.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The duty rota now reflects the staff on duty in the home and identifies the person in charge in absence of the manager, the grades of the staff and the hours worked by the manager.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 16 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 March 2021</p>	<p>The registered person shall ensure that care plans and risk assessments in relation to the management of residents who smoke are more detailed and person centred. These care plans should be completed in conjunction with the commissioning trust.</p> <p>Ref: 6.2.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Care plans for our resident who smoke are person centred and will be more detailed. They will also be completed in conjunction with the commissioning trust.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27(4)( a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 March 2021</p>	<p>The registered person shall submit an action plan with timescales to the home's aligned estates inspector detailing how each one of 17 identified recommendations in the fire safety risk assessment, dated 7 January 2020, will be dealt with. In addition, the action plan will also provide detail in relation to when the next planned fire safety assessment will be take place.</p> <p>Ref: 6.2.6</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 29(4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 March 2021</p>	<p><b>Response by registered person detailing the actions taken:</b> Updated Action plan has been submitted to estates inspectors. We have had regular discussions with estates staff on the progress made.</p> <p>We also had a visit from the Northern Ireland Fire Service Liason officer. He indicated that he was happy with overall fire safety in the home, but recommended we continue with the action plan. He also indicated that he would not need to visit again until August 2021.</p> <p>The Next fire safety assessment is scheduled for April 30<sup>th</sup>. We are hoping to have all the recommendations carried out by that time.</p> <p>The registered person shall ensure that monthly monitoring reports are completed in a comprehensive and robust manner so as to identify and drive necessary improvements within the home; all subsequent monthly monitoring reports must include a corresponding time bound action plan outlining any identified areas for improvement.</p> <p>These reports will include in their focus but not be limited to: fire safety, care records, and accidents/incidents analysis.</p> <p>Ref: 6.2.7</p> <p><b>Response by registered person detailing the actions taken:</b> Monthly monitoring will be more comprehensive and will include a time bound action plan. This report will be used to drive necessary improvements. We will also ensure fire safety, care records and accidents/incidents analysis are included.</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 30 (1) (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With Immediate effect</p>	<p>The registered person shall ensure that RQIA and the commissioning trust are informed of any events which adversely affects the care, health, welfare and safety of any resident in the home.</p> <p>Ref: 6.2.7</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All necessary notifications will be made to the RQIA .The commissioning trust will also be notified.</p>
<p><b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 32</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall review the cold storage of medicines to ensure thermometer recordings are within range and the thermometer is reset every day.</p> <p>Ref: 6.1</p> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 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 develop a robust audit process which covers all aspects of medicines management.</p> <p>Ref: 6.1</p> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 8.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With Immediate effect</p>	<p>The registered person shall ensure that all care records include:</p> <ul style="list-style-type: none"> <li>• the name of the resident</li> <li>• the date of the entry</li> <li>• the name of the person completing the entry.</li> </ul> <p>Ref: 6.2.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Care records will include the name of the person completing the entry along with the name of the resident and date of entry.</p>



<p><b>Area for improvement 4</b></p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 23 March 2021</p>	<p>The registered person shall ensure that the review of care plan records is meaningful and completed in sufficient detail.</p> <p>Ref: 6.2.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Record of review of care plan will now include more detail as to the scope of the review.</p>
<p><b>Area for improvement 5</b></p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 23 March 2021</p>	<p>The registered person shall ensure that irrelevant and older information is removed from resident's care records and appropriately archived to ensure ease of access.</p> <p>Ref: 6.2.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Information that is deemed irrelevant to the resident will be removed and older information archived.</p>
<p><b>Area for improvement 6</b></p> <p>Ref: Standard 27.8</p> <p>Stated: First time</p> <p>To be completed by: 23 March 2021</p>	<p>The registered person shall ensure that the identified damaged bed rails are repaired.</p> <p>Ref: 6.2.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Identified bed rails are being repaired/replaced.</p>

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



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