

Inspection Report

2 August 2021



Milesian Manor Nursing Home

Type of service: Nursing Home
Address: 9 Ballyheifer Road, Magherafelt, BT45 5DX
Telephone number: 028 7963 1842

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Macklin Care Homes Ltd</p> <p>Responsible Individual: Mr Brian Macklin</p>	<p>Registered Manager: Ms Jenni Kitchener Acting - no application required</p> <p>Date: 28 June 2021</p>
<p>Person in charge at the time of inspection: Jenni Kitchener - acting manager</p>	<p>Number of registered places: 46</p> <p>Maximum of 22 residents in NH-DE Category. The home is also approved to provide care on a day to 6 persons on the first floor and 2 persons on the second floor.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category DE – Dementia PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 34</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 46 patients. The home is divided over two floors named Moyola and Ballyheifer. There is a Residential Care Home which occupies the ground floor of the home and is managed separately from the Nursing Home.</p>	

2.0 Inspection summary

An unannounced inspection took place on 2 August 2021 from 9.00 am to 7.45 pm by the care inspector.

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.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Staff provided care in a compassionate manner and were knowledgeable about patients individual care needs. Staff responded promptly to patients requests for assistance.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas requiring improvement were identified including; infection prevention and control (IPC), staffing, care records, the menu display, auditing of care and service provision and complaints management.

We found that improvement was required to ensure that care was safe, effective and compassionate and that the home was well led by the management team. Addressing the areas for improvement will further enhance the quality of care and services in Milesian Manor Nursing Home.

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

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with patients, 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 patients 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.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

Nine patients told us they were very well looked after in the home, they had no concerns and the staff were good to them. Six staff told us that the patients were care for well, however, staffing was low at times and they felt this needed increased. One care partner told us they had no concerns about the care or staffing in the home and they were happy that there relative was cared for well by staff.

No questionnaires were received within the agreed/ allocated two week time frame from patients or staff and no responses were received from the online staff survey. Any responses received outside of the time frame will be discussed with the manager.

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 24 June 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 16 (2) (b) Stated: First time	The registered person shall ensure care plans for the management of challenging behaviour accurately reflect assessed patient need and any recommendations from the multidisciplinary team. Care plans should be written in keeping with the assessed needs of the patient. Daily progress notes should accurately record actions taken and conversations had with the multidisciplinary team in keeping with best practice guidance.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

<p>Area for Improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the deficits highlighted in 6.2.4.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 11</p> <p>Stated: First time</p>	<p>The registered person shall ensure the programme of activities is displayed in a suitable format in the home. Arrangements for the provision of activities should be in place in the absence of the lifestyle therapists.</p> <p>A contemporaneous record of activities delivered must be retained. Activities must be integral part of the care process and care planned for with daily progress notes reflecting activity provision.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met. The programme of activities displayed was out of date. No activities were taking place in the absence of the lifestyle therapist. Activities records were not provided on the day of inspection.</p>	<p>Not met</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 12.25</p> <p>Stated: First time</p>	<p>The registered person shall ensure that dignified clothing protectors are provided for patients who require this form of provision.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met. Two patients were wearing blue plastic aprons during the lunch meal.</p>	<p>Not met</p>

<p>Area for Improvement 3</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p>	<p>The registered person shall ensure identified patients monthly care plan reviews and daily evaluation records are meaningful and patient centred. All entries in the identified care records should be contemporaneous, signed, dated and timed.</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was partially met. Care plan records were contemporaneous, signed and dated however care plan reviews and daily updates were not meaningful and patient centred.</p>		
<p>Area for Improvement 4</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.</p> <p>The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was insufficient evidence that this area for improvement was met. Nursing care records for a newly admitted patient were not in place within 24 hours of admission and developed further within five days.</p>		

<p>Area for Improvement 5</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure care plans for the management of wounds accurately reflect recommendations of the multidisciplinary team.</p> <p>Care should be delivered in keeping with the assessed needs of the patient. Wound assessment and evaluations should be in keeping with best practice guidance.</p> <p>Action taken as confirmed during the inspection: This area for improvement was not met as records differed and were inconsistent between electronic and hard copy records.</p>	<p>Not met</p>
<p>Area for Improvement 6</p> <p>Ref: Standard 39.4</p> <p>Stated: First time</p>	<p>The registered person shall ensure a system is developed to ensure compliance with mandatory training requirements. Updates in mandatory training should be delivered in a timely manner.</p> <p>Action taken as confirmed during the inspection: The systems in place for staff training evidenced that staff had not received mandatory training in a timely manner to support them to do their job.</p>	<p>Not met</p>
<p>Area for Improvement 7</p> <p>Ref: Standard 29</p> <p>Stated: First time</p>	<p>The registered person shall ensure that nutritional care plans for residents prescribed a modified diet are reflective of the current SALT and IDDSI guidance. Records of prescribing and administration of thickening agents including the recommended consistency of fluids should be maintained.</p> <p>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:</p>	<p>Carried forward to the next inspection</p>

Area for Improvement 8 Ref: Standard 29 Stated: First time	The registered person shall ensure that updates to warfarin dosage regimes involve two members of staff. Obsolete warfarin dosage regimes should be removed from the current folder and archived appropriately.	Carried forward to the next inspection
	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	
Area for improvement 9 Ref: Standard 30 Stated: First time	The registered person shall review the management of insulin to ensure that: <ul style="list-style-type: none"> • each pen is labelled to denote ownership • the date of opening is recorded to facilitate audit and disposal at expiry 	Carried forward to the next inspection
	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.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that all employment checks has been completed prior to commencing working in the home to ensure staff were recruited correctly to protect patients.

Staff said they had received a lot of training when they initially started their post and told us they felt that patients were safe in the home. However, the systems in place for staff training evidenced that staff had not received mandatory training in a timely manner to support them to do their job. This was discussed with the manager and this area for improvement has been stated for a second time.

Patients said they had no concerns about staffing levels in the home and “the girls are all lovely”.

A care partner told us that the staffing levels were ok when they were in the home and they had no concerns about her relative’s care in the home.

Regular staff meetings were held to allow for updates on care and service provision and for staff feedback regarding the running of the home. The minutes of the most recent staff meeting provided additional evidence that staff had concerns about the staffing levels in the home.

Staff told us that some days there were not enough staff on duty to allow them to provide as much attention to the patients as they needed. Staff concerns were discussed with the management team and an area for improvement was identified.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness. This included those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. Staff took time to understand patient's decisions about how they wanted to spend their time.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. Documentation was in place regarding the safe use of this equipment.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patient care records were generally maintained; however care records in relation to fluid intake, pressure relieving mattress settings and repositioning of patients did not accurately reflected the needs of the patients. An area for improvement was identified.

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

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed. Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, supervision in lounges, use of buzzer mats and bed rails.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

There was evidence that patients' needs in relation to nutrition and the dining experience were being met. Staff told us how they were made aware of patients' nutritional needs and confirmed that patients care records were important to ensure patients received the right diet.

Patients' individual likes and preferences were reflected in their care records. Daily records were kept of how each patient spent their day. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and well maintained.

For example; patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

There was evidence throughout the home of 'homely' touches such as snacks and drinks available, access to a cinema and a pub, art works of the local area which were of interest to patients.

Patients and a care partner were positive about the upkeep and cleanliness of the environment and their clothing. They said their rooms were "very clean" and they had no concerns about cleanliness.

In the dining area a microwave oven and fridge were unclean. In bathrooms incontinence pads were stored out of their packaging and dressing packs were on the floor in a store room. This was brought to the attention of the manager and an area for improvement was identified.

Within the dining room there were several tins of fluid thickening agent which had not been locked away safely. In the lounge area, a tube of medicated cream was not stored safely and an electric control cupboard was unlocked. This was discussed with staff for their immediate attention and an area for improvement was identified.

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 patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Patients

It was observed that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for patients by staff to the home. The range of activities included social, cultural, religious, spiritual and creative events.

Staff said they recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

The lunch time meal was served in the dining room or patients own rooms for those who preferred. A choice of meal and drinks were provided and portion size was good. The food appeared appetising and nutritious and smelled nice. Staff were observed assisting patients who required help with eating their meals.

A menu board was in place; however, it was out of date in the two dining rooms and was not displayed where patients could see it. An area for improvement was identified.

There was a choice of meals offered at lunch, the food was attractively presented. There was a variety of drinks available. There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain.

Patients said the food was "very nice and tasty" and they had been given what they had ordered for lunch. Staff were asking patients what they preferred for lunch and what portion size of the lunch meal they wanted.

The lunch time meal was an unhurried and pleasant experience for patients with staff taking time to ensure they enjoyed their meals.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Ms Jenni Kitchener has been the acting manager in this home since 28 June 2021.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance. Staff said "the staff team look up to the manager who provided good encouragement".

There was evidence that the system of auditing to monitor the working practices in the home has not been completed regularly for care records, wound care and restrictive practices. This is evident in the area identified for improvement in section 5.2.2. This was discussed with the manager and an area for improvement was identified.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The regional manager was identified as the appointed safeguarding champion for the home.

Patients and their relatives spoken with said that they knew how to report any concerns to. A patient told us they were not satisfied with the complaints process in the home. Review of the home's record of complaints confirmed that complaints were not fully documented and managed as per the homes complaints policy. This was discussed with the management team and an area for improvement was identified.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

The home was visited each month by a representative of the registered provider to consult with patients, 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 patients, their representatives, the Trust and RQIA.

6.0 Conclusion

Patients were positive about life in Milesian Manor Nursing Home and appeared well cared for. Patients and a care partner told us they were happy with the care in the home. Staff raised concerns about staffing levels in the home and this was discussed with the manager. Interaction between staff and patients was respectful and calm.

Based on the inspection findings sixteen areas for improvement were identified. Fourteen were in relation to safe and effective care and two were in relation to the service being well led – details can be found in the Quality Improvement Plan (QIP).

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	2	14*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Jenni Kitchener, Manager, and 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 Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 13(7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the fridge and microwave are cleaned; incontinence pads and dressing packs are stored appropriately off the floor and in their packaging.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Following inspection, items that had been previously inappropriately stored have now been moved to an appropriate area with shelving to ensure compliance with infection control measures. Allocation of staff to oversee kitchenette areas has occurred and are observed by management on daily walkrounds.</p>

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<p>Area for improvement 2</p> <p>Ref: Regulation 14(2)(a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all parts of the home to which patients have access are free from hazards. To their safety.</p> <p>Ref: 5.2.3</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for Improvement 1</p> <p>Ref: Standard 11</p> <p>Stated: Second time</p> <p>To be completed by: 30 August 2021</p>	<p>The registered person shall ensure the programme of activities is displayed in a suitable format in the home. Arrangements for the provision of activities should be in place in the absence of the lifestyle therapists.</p> <p>A contemporaneous record of activities delivered must be retained. Activities must be integral part of the care process and care planned for with daily progress notes reflecting activity provision.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: Activities are now displayed in a more suitable format in each unit with the use of white boards in an area visible for the residents. This is updated daily to reflect the activities planner. The recordings for activities are contemporaneously recorded.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 12.25</p> <p>Stated: Second time</p> <p>To be completed by: 30 August 2021</p>	<p>The registered person shall ensure that dignified clothing protectors are provided for patients who require this form of provision.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: A stock take was carried out of clothing protectors and subsequently a further order of these were sourced to allow for washing and changing between each meal offering</p>

<p>Area for Improvement 3</p> <p>Ref: Standard 4.9</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure identified patients monthly care plan reviews and daily evaluation records are meaningful and patient centred. All entries in the identified care records should be contemporaneous, signed, dated and timed.</p> <p>Ref: 5.1</p>
<p>Area for Improvement 4</p> <p>Ref: Standard 4.1</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>Response by registered person detailing the actions taken: Resident of the day system reviewed and modified to ensure appropriate reviews and evaluations are being completed. This is observed by the manager.</p> <p>The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.</p> <p>The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: Following meeting with nursing staff the time scale for assessments and care plans were discussed. This will also be reviewed closely by the manager with the use of eipccare.</p>
<p>Area for Improvement 5</p> <p>Ref: Standard 21.1</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure care plans for the management of wounds accurately reflect recommendations of the multidisciplinary team. Care should be delivered in keeping with the assessed needs of the patient. Wound assessment and evaluations should be in keeping with best practice guidance.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: Supervision completed with nursing staff regarding documentation required for wounds. In house training also carried out with all nursing staff.</p>

<p>Area for Improvement 6</p> <p>Ref: Standard 39.4</p> <p>Stated: Second time</p> <p>To be completed by: 30 August 2021</p>	<p>The registered person shall ensure a system is developed to ensure compliance with mandatory training requirements. Updates in mandatory training should be delivered in a timely manner.</p> <p>Ref: 5.1</p>
<p>Area for Improvement 7</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that nutritional care plans for residents prescribed a modified diet are reflective of the current SALT and IDDSI guidance. Records of prescribing and administration of thickening agents including the recommended consistency of fluids should be maintained.</p> <p>Ref: 5.1</p>
<p>Area for Improvement 8</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>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.</p> <p>The registered person shall ensure that updates to warfarin dosage regimes involve two members of staff. Obsolete warfarin dosage regimes should be removed from the current folder and archived appropriately.</p> <p>Ref: 5.1</p> <p>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.</p>

<p>Area for improvement 9</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall review the management of insulin to ensure that:</p> <ul style="list-style-type: none"> • each pen is labelled to denote ownership • the date of opening is recorded to facilitate audit and disposal at expiry. <p>Ref: 5.1</p>
	<p>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.</p>
<p>Area for Improvement 10</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the number and ratio of staff on duty at all times meets the care needs of patients and is reflected on the duty rota.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken: A full review of the staffing levels within the home was carried out by regional manager using Rhys hern tool to ascertain the hours required to safely manage care. The home is currently working to this ratio.</p>
<p>Area for Improvement 11</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that an accurate record of patients' weight, pressure mattress settings, fluid intake, repositioning records and wound care is recorded in patients care records.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken: A full review of pressure relieving devices has been completed by referring to individual weights. Same now recorded on care plans as appropriate. Fluid intake is monitored over a period of 24 hours and recorded on each individuals progress notes. Care plan evaluation reflects any issues identified.</p>

<p>Area for improvement 12</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the up to date daily menu is displayed in an appropriate location for residents to view.</p> <p>Ref: 5.2.4</p> <hr/> <p>Response by registered person detailing the actions taken: Daily menu is now visible with use of white boards in dining areas in each unit.</p>
<p>Area for improvement 13</p> <p>Ref: Regulation 35.3</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that systems are in place to discharge, monitor and report on the delivery of nursing and other services provided. This is in relation to auditing of care records, wound care and restrictive practices.</p> <p>Ref: 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken: Audits completed monthly for care records, wound care and restrictive practice with actions available to view.</p>
<p>Area for improvement 14</p> <p>Ref: Regulation 16</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all complaints are taken seriously and dealt with promptly and effectively.</p> <p>Ref: 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken: Complaints reviewed as part of auditing process monthly and responded to as per company policy</p>

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



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