

Unannounced Care Inspection Report 21 February 2017



Chestnut Grove

Type of service: Residential care home
Address: 59-61 Somerton Road, Belfast, BT15 4DD
Tel no: 028 9504 1610
Inspector: Bronagh Duggan

1.0 Summary

An unannounced inspection of Chestnut Grove took place on 21 February 2017 from 10:00 to 17:45.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff training, supervision, adult safeguarding and infection prevention and control.

One requirement was made in regard to ensuring hold open devices were fitted accordingly on bedroom doors. This should be done without delay. One requirement was stated for a second time. This related to the completion of competency and capability assessments for staff members left in charge of the home in the manager's absence. One recommendation relating to the review and updating of the home's admission policy and procedure was also stated for a second time.

Is care effective?

There were examples of good practice found throughout the inspection in relation to audits and reviews, communication between residents, staff and other key stakeholders.

Two recommendations were made. One was in relation to the review and updating of a risk assessment relating to an identified resident's condition. One was in relation to maintaining weight records on a regular basis for an identified resident.

Is care compassionate?

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

One requirement was stated for a second time relating to the gathering of views and opinions of residents and representatives and the completion of a report to reflect such consultations.

Is the service well led?

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

No requirements or recommendations were made in relation to this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Mairead McCartan, 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 31 August 2016.

2.0 Service details

Registered organisation/registered person: Belfast Health and Social Care Trust	Registered manager: Mairead McCartan
Person in charge of the home at the time of inspection: Mairead McCartan	Date manager registered: 15 December 2016
Categories of care: I - Old age not falling within any other category MP (E) - Mental disorder excluding learning disability or dementia – over 65 years PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years	Number of registered places: 44

3.0 Methods/processes

Prior to inspection the following records were analysed: notifications of accidents and incidents submitted to RQIA since the previous inspection, the returned QIP and the previous inspection report.

During the inspection the inspector met with 10 residents, three care staff, one senior carer and the registered manager.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Three residents' care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of care reviews and accidents and incidents (including falls)
- Equipment maintenance / cleaning records
- Accident/incident/notifiable events records
- Responses from annual service user quality assurance survey
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Programme of activities
- Policies and procedures manual

A total of 30 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Fourteen questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 15 November 2016

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 31 August 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 19(2) Schedule 4 (7) Stated: First time To be completed by: 1 September 2016	The registered provider must ensure the duty roster is accurately maintained to show persons working in the home at all times.	Met
	Action taken as confirmed during the inspection: Review of the duty roster showed that it accurately reflected persons working in the home.	

<p>Requirement 2</p> <p>Ref: Regulation 20(3)</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2016</p>	<p>The registered provider must ensure competency and capability assessments are undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the registered manager.</p> <hr/> <p>Action taken as confirmed during the inspection: The registered manager confirmed these had not yet been completed. This requirement has been stated for a second time in the Quality Improvement Plan appended to this report.</p>	<p>Not Met</p>
<p>Requirement 3</p> <p>Ref: Regulation 27(4) (d) (v)</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2016</p>	<p>The registered provider must ensure fire safety checks are completed on a regular basis in keeping with the homes procedures.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of fire safety records and discussion with the registered manager confirmed fire safety checks were being maintained on an up to date basis.</p>	<p>Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 17 (1) (3)</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2016</p>	<p>The registered provider must ensure the views and opinions of residents and representatives are gathered on an annual basis, this information should then be included in an associated report.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of records available in the home confirmed that the views of residents and representatives had been gathered. The registered manager confirmed a report was due to be completed on the basis of the responses received. This requirement has been partially met, and has been stated for a second time in the Quality Improvement Plan appended to this report.</p>	<p>Partially Met</p>
<p>Requirement 5</p> <p>Ref: Regulation 30. (1)</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2016</p>	<p>The registered provider must ensure all notifiable events are reported to RQIA in keeping with legislation.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of accident and incident records confirmed notifiable events had been reported accordingly.</p>	<p>Met</p>

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 24.3 Stated: First time To be completed by: 31 October 2016	The registered provider should ensure a supervision schedule is put in place to ensure staff have formal supervision according to the home's procedures.	Met
	Action taken as confirmed during the inspection: A supervision schedule was in place for staff.	
Recommendation 2 Ref: Standard 21 Stated: First time To be completed by: 31 October 2016	The registered provider should ensure the home's admission policy and procedure is reviewed and updated.	Not Met
	Action taken as confirmed during the inspection: Discussion with the registered manager established that the home's admission policy and procedure was not reviewed and updated. This recommendation has been stated for a second time in the Quality Improvement Plan appended to this report.	
Recommendation 3 Ref: Standard 13.3 Stated: First time To be completed by: 31 October 2016	The registered provider should ensure that residents are consulted with regard to the range of activities on offer and be involved in planning the programme of activities.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed residents had been consulted with regard to the range of activities on offer. This work was currently ongoing with the activities coordinator.	

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff. The issue of management arrangements in the home was raised during the last care inspection. The registered manager confirmed the management arrangements in the home had since stabilised.

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

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for

mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection. The registered manager confirmed mandatory training was currently being reviewed and updated accordingly.

Completed competency and capability assessments were not available for inspection. A requirement was made during the previous inspection this has been stated for a second time in the Quality Improvement Plan appended to this report.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The registered manager confirmed that there were plans in place to implement the new adult safeguarding procedures (relating to the establishment of a safeguarding champion). Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

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

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. During the previous inspection a recommendation was made that the home's admission policy and procedure should be reviewed and updated. This should reflect the current admission arrangements to the home. This has not been addressed. The recommendation has been stated for a second time in the Quality Improvement Plan appended to this report.

The registered manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required.

The registered manager confirmed there were risk management policy and procedures in place in relation to the safety of the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc.

Staff training records confirmed that all staff had received training in infection prevention and control (IPC) in line with their roles and responsibilities. Discussion with staff established that

they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that any outbreaks of infection within the last year had been managed in accordance with the trust policy and procedures. The outbreak had been reported to the Public Health Agency, trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the bedrooms of permanent residents were found to be personalised with photographs, memorabilia and personal items. Bedrooms available for temporary residents were clean, tidy and functional. The home was fresh-smelling, clean and appropriately heated. During the inspection, redecoration and maintenance work was ongoing on the ground floor. The registered manager confirmed the completion of the work in the home had been appropriately risk assessed to minimise risks and disruption to residents.

It was noted that the doors to some bedrooms on the first floor were propped open with chairs, also that some residents admitted to the home for rehabilitation and who used walking frames, may be at increased risk of falls when mobilising around these chairs. The risk to residents was discussed with the registered manager, as was the need to ensure appropriate hold open devices were in place to minimise risks. The registered manager was advised this issue should be addressed without delay. A requirement was made.

The home had an up to date fire risk assessment in place dated September 2016. The registered manager confirmed all recommendations had been actioned accordingly.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed six monthly. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly / monthly and were regularly maintained.

Fourteen completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received from completed questionnaires were as follows:

- "I love it here."
- "I don't think we could ever have enough staff but yes there are sufficient numbers."

Areas for improvement

One new area for improvement was identified in relation to hold open devices being installed on bedroom doors. One requirement relating to the completion of competency and capability assessments for staff left in charge of the home has been stated for a second time. One recommendation relating to the review and updating of the homes admission policy and procedure has been stated for a second time.

Number of requirements	2	Number of recommendations	1
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4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Three care records were reviewed. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. In the care records of one identified resident it was noted that the risk assessment had not been reviewed in relation to the resident's physical condition. A recommendation was made in this regard. In addition, it was noted that the weight records were not regularly maintained for one identified resident and a recommendation was made.

The care records reflected the multi-professional input into the residents' health and social care needs. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice, for example, residents were consulted with daily regarding their menu choices.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of accidents and incidents (including falls) were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visit reports.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager confirmed that allied health care professionals from the community rehabilitation team were based in the home on week days to support residents with their identified care needs. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Fourteen completed questionnaires were returned to RQIA from residents, residents’ representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received from completed questionnaires were as follows:

- “The assessed needs of service users are met with precision and care. Staff meetings take place frequently and time is set aside to allow a full and effective handover.”
- “I like it here.”
- “Sometimes the hospitals can discharge people too early and their medical needs can be complex which is a challenge.”
- “I love it here.”

Areas for improvement

Two areas for improvement were identified in relation to the review and updating of the risk assessment relating to an identified residents condition, and also to ensure weight records are maintained on a regular basis for an identified resident.

Number of requirements	0	Number of recommendations	2
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4.5 Is care compassionate?

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

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents’ spiritual and cultural needs were met within the home.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

The registered manager and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity and were able to demonstrate how residents’ confidentiality was protected, for example ensuring discussions about residents care needs were held in the office.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. For example residents’ meetings, annual reviews, satisfaction questionnaires etc. The registered manager confirmed regular meetings were held regarding placement of residents admitted to the home for a period of rehabilitation.

The registered manager confirmed the views of residents and representatives had been gathered formally; records were available in the home to confirm this. The registered manager confirmed that the information was to be compiled into a report which would be made available for residents and other interested parties to read. An action plan would be developed to address any issues identified. A requirement relating to the completion of the report was made during the previous inspection, this has been partially met. The requirement has been stated for a second time in the QIP appended to this report.

Discussion with the registered manager and residents confirmed that residents were enabled and supported to engage and participate in meaningful activities. The registered manager confirmed that the activities therapist had met with residents individually and had organised a range of events, for example library group, reminiscence, knitting groups and permanently placed residents were supported to attend a local tea dance. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example, a Friends of Chestnut Grove group meet regularly to plan and organise social events for residents and their families and friends.

Fourteen completed questionnaires were returned to RQIA from residents, resident’s residents’ representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Residents commented:

- “The staff are very kind, I can’t complain.”
- “You couldn’t fault anything, I have all that I need.”
- “This place is wonderful, it’s like a holiday home. I’ve lived a lady’s life; you couldn’t mention one name as they are all so good.”
- “It’s ok, there is a lot of work going on it can be noisy.”
- “All is good, I have my own room, the food is good.”

Comments received from completed questionnaires were as follows:

- “Chestnut Grove has a very compassionate and empathetic team which is evident in the compliments we receive.”

Areas for improvement

One requirement has been stated for a second time relating to the gathering of views and opinions of residents and representatives and the completion of a report to reflect same.

Number of requirements	1	Number of recommendations	0
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4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. The needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

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

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling.

Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide, leaflets etc. The registered manager confirmed some information had been taken down due to the ongoing decoration, and that it would be reinstated as soon as the work was complete. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

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

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home through regular meetings and updates via email correspondence and telephone calls.

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

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters, however two requirements and one recommendation from the previous inspection have been stated for a second time in the QIP appended to this report.

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

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns and that they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Fourteen completed questionnaires were returned to RQIA from residents, residents' representatives, and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied.

Comments received from completed questionnaires were as follows:

- "There have been great changes, the staff have a lot more to do so have less time to give to each. I do not blame the floor staff, they do a good job in the circumstances and are very kind. It is the system that is to blame."
- "Senior members of staff are approachable to service users, families and members of staff. There is clear and effective communication between management and staff. Audits are taken and outcomes used to better the home."

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mairead McCartan, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP via the web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 27.(2) (a)</p> <p>Stated: First time</p> <p>To be completed by: 11 April 2017</p>	<p>The registered provider must ensure appropriate hold open devices are fitted on bedroom doors.</p> <hr/> <p>Response by registered provider detailing the actions taken: All downstairs bedrooms have hold open devices .A risk assessment has been completed for the upstairs bedrooms and the estates department has been requested to consider providing these.The Trust will try and source the funding to meet the cost of installing these.</p>
<p>Requirement 2</p> <p>Ref: Regulation 20.(3)</p> <p>Stated: Second time</p> <p>To be completed by: 21 April 2017</p>	<p>The registered provider must ensure competency and capability assessments are undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the registered manager.</p> <hr/> <p>Response by registered provider detailing the actions taken: These have been completed for all senior staff by the registered manager.</p>
<p>Requirement 3</p> <p>Ref: Regulation 17 (1) (3)</p> <p>Stated: Second time</p> <p>To be completed by: 21 April 2017</p>	<p>The registered provider must ensure the views and opinions of residents and representatives are gathered on an annual basis; this information should then be included in an associated report.</p> <hr/> <p>Response by registered provider detailing the actions taken: A recent survey has been completed and residents and their representatives have made comments .These will be included in the annual report.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 5.5</p> <p>Stated: First time</p> <p>To be completed by: 21 March 2017</p>	<p>The registered provider should ensure that the risk assessment is reviewed and updated relating to an identified resident’s condition.</p> <hr/> <p>Response by registered provider detailing the actions taken: The risk assessment for the identified resident has been reviewed and updated.</p>

<p>Recommendation 2</p> <p>Ref: Standard 9.3</p> <p>Stated: First time</p> <p>To be completed by: 21 March 2017</p>	<p>The registered provider should ensure weight records are maintained on a regular and up to date basis for the identified resident.</p> <p>Response by registered provider detailing the actions taken: The inspector viewed the resident's monthly weight chart , however the particular resident was on a weekly chart due to recent weight loss and this was retained in separate records with the daily recording.The manager will ensure if resident's weekly weight is being monitored the records will be kept in a central record .</p>
<p>Recommendation 3</p> <p>Ref: Standard 21</p> <p>Stated: Second time</p> <p>To be completed by: 21 March 2017</p>	<p>The registered provider should ensure the home's admission policy and procedure is reviewed and updated.</p> <p>Response by registered provider detailing the actions taken: This has been completed and updated to reflect the changes with the community rehabilitation service now provided at Chestnut Grove.</p>

****Please ensure this document is completed in full and returned via the web portal****



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