

# Unannounced Care Inspection Report 18 May 2017



## Drumlough House

**Type of Service: Residential Care Home**  
**Address: 3-19 Moira Road, Lisburn, BT28 1RB**  
**Tel no: 028 9260 1228**  
**Inspector: Bronagh Duggan**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Drumlough House took place on 18 May 2017 from 10.15 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 and appraisal, adult safeguarding, risk management and the home's environment.

One recommendation was made in regards to ensuring a risk assessment is carried out regarding health and safety of the identified railing area on the first floor. Any significant findings of the risk assessment should be recorded and action taken to manage identified risks.

### Is care effective?

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

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

### 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.

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

### 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Michele Barton, 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 3 November 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> South Eastern Health and Social Care Trust/ Hugh Henry McGaughey	<b>Registered manager:</b> Mrs Michelle Barton
<b>Person in charge of the home at the time of inspection:</b> Mrs Michelle Barton	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> I - Old age not falling within any other category DE – Dementia MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years LD - Learning Disability LD (E) – Learning disability – over 65 years PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years TI – Terminally ill (for 1 person only) A - Past or present alcohol dependence SI - Sensory impairment	<b>Number of registered places:</b> 39

## 3.0 Methods/processes

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

During the inspection the inspector met with 16 residents, three care staff, one resident's visitor/representative 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 resident's care files
- The home's Statement of Purpose
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of care records, accidents and incidents (including falls) environment
- Equipment maintenance / cleaning records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Sample of policies and procedures

A total of 24 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Nine questionnaires were returned within the requested timescale. Questionnaire responses were shared with the registered manager.

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 3 November 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 3 November 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 14 (4) <b>Stated:</b> First time <b>To be completed by:</b> 3 February 2017	The registered provider must ensure mandatory training requirements are met within the identified timescales.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of training records showed mandatory training had been reviewed updated and remains ongoing.	

<b>Requirement 2</b> <b>Ref:</b> Regulation 27 (2) <b>Stated:</b> First time <b>To be completed by:</b> 3 March 2017	<p>The registered provider must ensure the following environmental improvements are made:</p> <ul style="list-style-type: none"> <li>the flooring in an identified bathroom should be improved or replaced to ensure good infection prevention and control measures,</li> <li>the sofas in the hallway area on the first floor should be replaced,</li> <li>a chair in an identified bedroom should be removed,</li> <li>the identified bedroom should be repainted</li> </ul> <p><b>Action taken as confirmed during the inspection:</b>  Discussion with the registered manager and inspection of the premises confirmed that the environmental improvements had been made accordingly.</p>	<b>Met</b>
<b>Requirement 3</b> <b>Ref:</b> Regulation 27 (4) (d) <b>Stated:</b> First time <b>To be completed by:</b> 4 November 2016	<p>The registered provider must ensure that fire safety checks are maintained on an up to date basis.</p> <p><b>Action taken as confirmed during the inspection:</b>  Discussion with the registered manager and review of records confirmed that fire safety checks were maintained on an up to date basis.</p>	<b>Met</b>
<b>Last care inspection recommendations</b>		<b>Validation of compliance</b>
<b>Recommendation 1</b> <b>Ref:</b> Standard 24.2 <b>Stated:</b> First time <b>To be completed by:</b> 3 January 2017	<p>The registered provider should ensure formal supervision is maintained on an up to date basis in keeping with the homes procedures.</p> <p><b>Action taken as confirmed during the inspection:</b>  Discussion with the registered manager and review of schedules confirmed staff supervision was maintained on an up to date basis.</p>	<b>Met</b>
<b>Recommendation 2</b> <b>Ref:</b> Standard 25.3 <b>Stated:</b> Second time	<p>The registered provider should ensure competency and capability assessments are fully completed for any staff member left in charge of the home in the registered manager's absence.</p>	<b>Met</b>

<b>To be completed by:</b> 3 January 2017	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of records showed competency and capability assessments were completed accordingly.	
<b>Recommendation 3</b>  <b>Ref:</b> Standard 20.10  <b>Stated:</b> First time  <b>To be completed by:</b> 3 February 2017	The registered provider should ensure that care records be audited regularly to ensure all relevant information is updated.  <b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of records in the home confirmed care records had been audited.	<b>Met</b>
<b>Recommendation 4</b>  <b>Ref:</b> Standard 1.2  <b>Stated:</b> First time  <b>To be completed by:</b> 3 January 2017	The registered provider should ensure residents meeting are held on a regular basis.  <b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of minutes of residents' meetings confirmed that these were being held regularly.	<b>Met</b>

#### 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, residents' representatives and staff.

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

Review of completed induction records during the previous inspection and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. The registered manager confirmed no new staff had commenced employment since the previous inspection.

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 and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were

retained. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory.

Review of the recruitment and selection policy and procedure during the previous care inspection confirmed that it complied with current legislation and best practice. 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.

An adult safeguarding policy and procedure was in place, the registered manager confirmed this was being reviewed at trust level. 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. The registered manager confirmed the majority of residents accommodated on the first floor where there for a short term period of rehabilitation, whilst residents on the ground floor were long term placements.

The registered manager confirmed there were restrictive practices employed within the home, notably locked doors, a keypad entry system for the ground floor dementia specific unit, bed rails, pressure alarm mats. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

A review of the statement of purpose identified that restrictions were adequately described.

The registered manager confirmed there were risk management policy and procedures in place. 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. Control of Substances Hazardous to Health (COSHH), fire safety. One recommendation was made that a risk assessment should be carried out regarding the health and safety implications of an identified railing area on the first floor. Any significant findings of the risk assessment should be recorded and action taken to manage identified risks.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Records of individual equipment and aids along with cleaning records were available for inspection.

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. The bedrooms for temporary residents were clean, tidy and functional. The home was fresh-smelling, clean and appropriately heated. Significant refurbishment work had been carried out on the ground floor, including repainting, new flooring, furnishings, and complete refurbishment of two bedrooms with additional improvements made to two bedrooms on the first floor. New furnishings were observed throughout the home which made a notable improvement. The registered manager confirmed further improvements were to be made across the home both internally and externally.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated September 2016 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed in October 2016. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems and means of escape were checked weekly and were regularly maintained.

Nine 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:

- "Staff are always ready and willing to do whatever is required."
- "Consideration should be given to advising residents of action to be taken by them in event of fire, emergencies. Preferably one to one basis, staff direct to individual residents".



- “Very safe”.

### Areas for improvement

One area for improvement was identified in relation to ensuring a risk assessment is carried out regarding health and safety of the identified railing area on the first floor.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	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.

A review of three care records confirmed that these were maintained in line with the legislation and standards. 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. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. 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 staff shared how one resident was supported to attend a local dementia support community group.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

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 care plans, care review, 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 visits reports. The registered manager confirmed there were ongoing quality improvement initiatives within the home including specific quality based training for staff and a focused initiative to improve the quality of handovers among staff.

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. Weekly multi-professional team meetings are held in the home regarding progress of short term residents admitted to the home for rehabilitation purposes. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and one representative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were reviewed during the inspection.

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.

Nine 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:

- "The staff have been so helpful, especially regarding the need to contact GP and district nurses."
- "My care is very satisfactory".

### Areas for improvement

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

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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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 was in place which supported the delivery of compassionate care. Discussion with staff, residents and a representative 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 for example, activities and the daily menu were displayed on notice boards throughout the home.

The registered manager, residents and the representative confirmed that consent was sought in relation to care and treatment. Discussion with residents, representative 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 residents care needs were discussed in the office with the door closed.

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, one representative 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 and annual reviews.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation are collated into a summary report which is made available for residents and other interested parties to read. The registered manager confirmed the report was due to be completed in the next few months this shall be reviewed during another inspection.

Discussion with staff, residents, and representative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities for example residents were supported with games, music therapy, pet therapy and reminiscence activities. Arrangements were in place for residents to maintain links with their friends, families and wider community for example carol singers from local schools visit around Christmas time, residents are also supported to visit local shops and cafes.

Residents spoken with during the inspection made the following comments:

- “The staff have all been very good, very kind”.
- “I love it here, the staff are all lovely, the food is lovely. You couldn’t get better”.
- “This is a good place, the staff are all very good. I don’t need a lot of help but they are there if you need them”.
- “They (staff) couldn’t do enough for you, they are more than kind. The food is first class, it really is”.
- “You couldn’t complain about anything, it is really good, it’s like home from home. Couldn’t be better”.

Nine completed questionnaires were returned to RQIA from residents, resident 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 have found the staff very encouraging in their dealings with my (relative).”
- “Compassionate, are very helpful, in particular at night time”.
- “Relative should be more informed”.

**Areas for improvement**

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

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	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. These were found to be in line with good practice. 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. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and leaflets available. 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. The registered manager confirmed no new complaints had been made since the previous inspection and records available in the home confirmed this. Arrangements were in place to share information about complaints and compliments with staff.

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. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys. All staff were due to complete training relating to the Quality2020 initiative.

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 and additional training opportunities relevant to any specific needs of the residents for example specific dementia 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 evidence of managerial staff being provided with additional training in governance and leadership for example the registered manager had recently completed Strengthening Leadership Capacity Programme for Managers. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose. The registered manager confirmed that senior management was kept informed regarding the day to day running of the home through regular meetings and updates.

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 responds to regulatory matters in a timely manner.

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. The registered manager confirmed that staff could also access line management to raise concerns and 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.

Nine completed questionnaires were returned to RQIA from residents, resident 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:

- “If there is any aspect of my (relatives) situation I am concerned about, I can always speak to the right staff member”.
- “I realise that management staff rotational working hours can at times lead to delays in resident/management one to one discussions, perhaps consideration should be given to methods to reduce such delays. Satisfied enough”.

### Areas for improvement

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

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	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 Michele Barton, 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 to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) 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

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 28.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 June 2017</p>	<p>The registered provider should ensure a risk assessment is carried out regarding health and safety of the identified railing area on the first floor. Any significant findings of the risk assessment should be recorded and action taken to manage identified risks.</p>
	<p><b>Response by registered provider detailing the actions taken:</b> A Risk Assessment will be carried out and necessary action completed.</p>

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**





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