

Unannounced Care Inspection Report 15 March 2018



Colinvale Court

Type of Service: Nursing Home (NH)
Address: Glen Road, Belfast, BT11 8BU
Tel No: 028 9060 4314
Inspector: Heather Sleator

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 50 persons.

3.0 Service details

Organisation/Registered Provider: Raymond Liam Murphy Responsible Individual: Raymond Liam Murphy	Registered Manager: Vincy Vincent
Person in charge at the time of inspection: Vincy Vincent	Date manager registered: 13 June 2016
Categories of care: Nursing Home (NH) DE – Dementia	Number of registered places: 50

4.0 Inspection summary

An unannounced inspection took place on 15 March 2018 from 09:20 to 17:45 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the arrangements for the provision of activities; staff induction, staff training and development; adult safeguarding arrangements and the dining experience. The culture and ethos of the home promoted treating patients with dignity and respect. There was also evidence of good practice identified in relation to the governance arrangements and the management of complaints and incidents

Areas requiring improvement were identified and included; adherence to infection prevention and control procedures and ensuring that where shortfalls are identified in any audit evidence that remedial action has been taken to address the shortfall is present.

Patients said that they were satisfied with the care and services provided and described living in the home, in positive terms. Refer to section 6.6 for further patient comment.

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

4.1 Inspection outcome

Regulations	Standards
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Total number of areas for improvement	1	*2
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*The total number of areas for improvement includes one standard which has been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Vincy Vincent, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 7 August 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 7 August 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing .
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 10 patients individually, nine staff and one patient's visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was given to the registered manager for display inviting staff to submit a questionnaire electronically, if they wished.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 5 March to 18 March 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- three staff recruitment and induction files
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits

- patient register
- complaints record
- compliments received
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 7 August 2017

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 7 August 2017

Areas for improvement from the last care inspection		Validation of compliance
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		
Area for improvement 1 Ref: Regulation 15 (2) (a) and (b) Stated: First time	The registered person shall ensure that the assessment of patient need, included risk assessment is completed in a consistent manner and evidence is present of regular review.	Met
	Action taken as confirmed during the inspection: The review of three patient care records evidenced that a full range of risk assessments were present and there was evidence of the regular review of risk assessments and care plans.	

<p>Area for improvement 2</p> <p>Ref: Regulation 16 (1) and (2)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that care plans are written in response to the assessed needs of patients and are regular reviewed so as to reflect current need. Prescribed care interventions should be adhered to by all staff.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The review of patient care records, discussion with staff and observation of care evidenced that care plans were reviewed and updated, as required, and staff were aware of how to care for patients' and the prescribed care plan.</p>	<p>Validation of compliance</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 4.8</p> <p>Stated: Second time</p>	<p>The registered person shall ensure care plans evidence the desired daily fluid intake for individual patients and the action to be taken, and at what stage, should the desired target not be met.</p>	<p>Carried forward to the next care inspection</p>
<p>Action taken as confirmed during the inspection:</p> <p>Action required to ensure compliance with this regulation/standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p>Area for improvement 2</p> <p>Ref: Standard 35.6</p> <p>Stated: First time</p>	
<p>The registered person shall ensure that a robust and consistent approach to the auditing of patient care records is established. Evidence should be present that where a shortfall had been identified during audit the appropriate remedial action had been taken and the outcome validated by the registered manager.</p>	<p>Met</p>	
<p>Action taken as confirmed during the inspection:</p> <p>The review of the audits in respect of care records evidenced that a system of review had been implemented and where a shortfall had been identified during audit the appropriate remedial action had been taken and the outcome validated by the registered manager.</p>		

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and stated that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for the week commencing 5 March 2018 to 18 March 2018 evidenced that the planned staffing levels were generally adhered to.

Observation of the delivery of care evidenced that patients' needs were met by the number and skill mix of staff on duty. Patients were well groomed, the morning routine was completed in a timely manner and the atmosphere was calm and relaxed.

In discussion with the relative of one patient it was stated "not sure if there's enough staff, they always seem very busy". However, care staff stated they felt the staffing arrangements in the home were satisfactory.

Discussion with staff confirmed that communication was well maintained in the home and that appropriate information was communicated in the shift handover meetings.

Discussion with the registered manager and a review of three staff personnel files evidenced that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005, Regulation 21, Schedule 2. Two issues were discussed with the registered manager regarding the completion of application forms as the information was not clear. The registered manager confirmed via email to RQIA on 4 April 2018 that all necessary information was now present in the personnel records and had been verified by the registered manager. Where registered nurses and carers were employed, their registration status was checked with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC), to ensure that they were suitable for employment. The review of recruitment records evidenced that enhanced criminal records checks were completed with Access NI and satisfactory references had been sought and received, prior to the staff member starting their employment.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing staff were appropriately managed in accordance with the NMC. Similar arrangements were in place to ensure that care staff were registered with NISCC.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Three completed induction programmes were reviewed. The induction programmes included a written record of the areas completed and the signature of the person supporting the new employee. On completion of the induction programme, the employee and the inductor signed the record to confirm completion and to declare understanding and competence. The registered manager had also signed the record to confirm that the induction process had been satisfactorily completed.

Discussion with the registered manager and staff confirmed that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through one to one supervision, undertook competency and capability assessments and completed annual appraisals.

A review of the staff training records and discussion with staff and confirmed that training had been provided in all mandatory areas and records were kept up to date. A review of staff training records confirmed that staff completed e-learning (electronic learning) modules on basic life support, medicines management, control of substances hazardous to health, fire safety, food safety, health and safety, infection prevention and control, safe moving and handling and adult prevention and protection from harm. Additional training, not electronic, had also taken place and included; needle stick injuries, oral health training and the basic use of Nippy 3 ventilator and accessories.

Overall compliance with training was monitored by the registered manager and this information informed the responsible persons' monthly monitoring visit in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

Staff consulted with, were knowledgeable about their specific roles and responsibilities in relation to adult safeguarding. The staff understood what abuse was and how they should report any concerns that they had. The relevant contact details were available in a folder for all staff to access.

Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified and the relevant training had been planned for the near future. The registered manager stated there were no adult safeguarding investigations ongoing.

Review of patient care records evidenced that validated risk assessments were completed as part of the admission process and were reviewed as required. These risk assessments informed the care planning process.

A review of the accident and incident records confirmed that the falls risk assessments and care plans were consistently completed following each incident and that care management and patients' representatives were notified appropriately.

A review of the home's environment was undertaken which included a number of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean, tidy and warm throughout. The majority of patients' bedrooms were personalised with photographs, pictures and personal items.

The observation of the environment did not evidence infection prevention and control measures in the home were being adhered to. Concerns were identified in relation to infection prevention and control measures in the home in the following areas; there was evidence of ineffective decontamination of equipment in the home including the underside of bath hoists, there was evidence of inappropriate storage in sluice rooms and bathrooms, a cupboard door in a bathroom was in a poor state of repair and posed a risk and cleaning agents were stored on the floor of an unlocked store room which gave patients free access to the room. The sealant between the floor covering and wall in a shower room had come away and was very discoloured and presented as an infection prevention and control risk. The shower room must not be used

until this has been repaired/made good. Adherence to infection prevention and control measures has been identified as an area of improvement under the regulations.

Personal protective equipment (PPE) such as gloves and aprons were available throughout the home and stored appropriately.

Fire exits and corridors were observed to be clear of clutter and obstruction. The review of the personal emergency evacuation plans (PEEP's) for patients in the home evidenced that the information was current for all patients and regularly updated.

The annual fire risk assessment of the home was undertaken on 30 June 2017. Discussion with the registered manager and responsible individual and a review of documentation evidenced that the recommendations of the report had been addressed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, staff training and development, supervision and appraisal, adult safeguarding and risk management.

Areas for improvement

The following areas were identified for improvement: adherence to infection prevention and control policies and procedures and the identified shower room is not to be used until the defects are made good/repaired.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. For example, where a patient had a wound, there was evidence of regular wound assessments and review of the care plan regarding the progress of the wound. A review of the daily progress notes evidenced that the dressing had been changed according to the care plan.

A review of care records for an identified patient identified that the care plan in place was up to date and the treatment being delivered was in accordance with NICE clinical guidance for the management and treatment of wounds. The wound management plan had been updated following a recent visit from the Tissue Viability Nurse Specialists (TVN).

There were a number of examples of good practice found throughout the inspection in this domain. For example, registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), Speech and language therapist (SALT), dietician and Tissue Viability Nurse Specialists (TVN). Discussion with registered nurses and a review of care records evidenced that

recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

The review of the care records evidenced that registered nurses were consistently monitoring the bowel function of patients. The review of the records maintained by care staff was not consistently maintained however when this was discussed with the registered manager it was stated that the registered nurses record and monitor this on a daily basis, evidence was present to support this. To avoid inconsistency it was agreed that one record would be maintained in the future.

Personal care records evidenced that records were generally maintained in accordance with best practice guidance, care standards and legislative requirements. For example, a sampling of food and fluid intake charts confirmed that patients' fluid intake was monitored. The patients' total daily fluid intakes were also recorded in a format which enabled the registered nurses to have an overview of the patients' fluid intake. The review of repositioning records evidenced that patients were repositioned according to their care plans and the condition of the patient's skin was reported on at the time of repositioning.

The care plans detailed the 'do not attempt resuscitation' (DNAR) directive that was in place for the patients, as appropriate. This meant up to date healthcare information was available to inform staff of the patient's wishes at this important time to ensure that their final wishes could be met.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records. In discussion with a relative it was confirmed that staff maintained regular contact regarding their relatives' wellbeing.

Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005; the registered manager confirmed that the patient register was checked on a regular basis.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and discussions at the handover provided the necessary information regarding any changes in patients' condition. Staff also confirmed that communication between all staff grades was effective.

The registered manager stated they strive to have meetings at least quarterly and records were maintained and made available to those who were unable to attend. A review of the minutes of staff meetings evidenced that the most recent general staff meeting was 15 November 2017.

We observed the serving of breakfast and the midday meal during the course of the inspection. Meals served appeared appetising and patients spoken with stated that they were satisfied with the meals provided. The atmosphere was quiet and tranquil and patients were encouraged to eat their food; assistance was provided by staff, as required. Tables were set with tablecloths, placemats or condiments. The serving of the midday meal was observed. Tables were attractively set with cutlery, condiments and napkins. Patients who had their lunch in the lounge or their own bedroom were served their meal on a tray which was set with cutlery and condiments and the food was covered prior to leaving the dining room. The meals were nicely presented and smelt appetising. All of the patients spoken with enjoyed their lunch. Registered nurses were observed supervising and assisting patients with their meals and monitoring patients' nutritional intake.

We observed the serving of the mid-morning tea and snack. Patients had a choice of tea, coffee, milk or juice and a snack (biscuits and fresh fruit) was provided. Milky puddings and yoghurts were available for patients who required a modified diet.

Areas of good practice

There were examples of good practice found throughout the inspection in relation communication between patients, staff and relatives and the patients' dining experience.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

Staff demonstrated a detailed knowledge of patients' wishes and preferences. A relative commented that "staff were always very welcoming and friendly". Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

There is an enthusiastic activities coordinator four days per week. In discussion with the activities coordinator the range of planned activities were discussed. Opportunities for patients to visit community facilities have increased in the last few years and these opportunities were greatly enjoyed by patients. Patients visited the Opera House and the Crumlin Road Jail. Photographs of the many social occasions were displayed on a notice board in the home and there was a poster inviting relatives to join patients and staff in their St Patrick's Day celebrations. Observation of the activities at the time of the inspection evidenced staffs knowledge of the importance of spending individual time with those patients who are unable to participate in more formal or group activities. This was good practice.

Staff and a relative consulted with confirmed that if they had any concerns, they could raise these with the registered manager. The review of records evidenced that the last relatives meeting was 15 November 2017 and nine relatives attended. Positive comments were recorded with relatives stating they felt the laundry service had improved, there was a warm and welcoming atmosphere in the home and were complimentary regarding the food and meals provided for patients.

The review of the compliments record, there was evidence that the staff cared for the patients and their relatives in a kindly manner. Comments included;

- "Thank you for the wonderful care you have given to my relation, also the warm welcome we received at the home."
- "A huge 'thank you' to all the wonderful staff of Colinvale, you looked after my relative with such care and love."

- “We are in awe of your dedication, your patience and tremendously rich and happy environment”

During the inspection, we met with 10 patients, two care staff, two registered nurses, two catering staff, one laundry staff member, the activities coordinator, a visiting therapist and one patient’s representatives. Some comments received are detailed below:

Staff

- “Good teamwork.”
- “No problem going to the manager or nurse if I need to.”
- “I love it here, didn’t think I would but I do.”
- “I love it here, good wee atmosphere.”
- “Everyone is very friendly.”

Patients

- “I like it here.”
- “Like it well enough.”
- “They’re good (staff), they’re good.”

Patients’ representative

- “Home is ok.”
- “Staff keep me informed about my (relative).”

We also issued 10 questionnaires to patients and relatives respectively. Eight patients and four relatives had returned their questionnaires, within the timeframe for inclusion in this report. Three questionnaires were returned that did not specify if they were a patient or patient’s representative. Comments and outcomes were as follows:

Patients: seven respondents indicated that they were ‘very satisfied’ that the care in the home was safe, effective and compassionate; and that the home was well-led. One respondent was not satisfied that care was safe and undecided if care was effective. The respondent was satisfied that care was compassionate and that the home was well led. There were no additional written comments.

Relatives: the four respondents indicated that they were ‘very satisfied’ that the care in the home was safe, effective and compassionate; and that the home was well-led. Additional written comments were received and were, “I am happy about my (relative’s) care, the staff are lovely and kind and efficient.”

Staff: no staff completed and returned the electronic questionnaire.

Any comments from patient representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing patients and their representatives and taking account of the views of patients. Activities were plentiful and well managed.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

Discussion with the registered manager and observation of patients evidenced that the home was operating within its' registered categories of care.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. There was a system in place to identify the person in charge of the home, in the absence of the manager. Staff confirmed that there were generally good working relationships and that management were responsive to any suggestions or concerns raised.

An examination of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

Through discussion with the registered manager and the responsible individual, and review of records, we evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, wound management, infection prevention and control, environment, complaints, incidents/accidents and bed rails. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice. However, the exception to this process was in relation to the auditing of infection prevention and control measures. There was a lack of evidence to support that where a shortfall had been identified an action plan to address the shortfall had not been stated. This was identified as an area for improvement under the care standards.

A review of the patient falls audit evidenced that this was analysed to identify patterns and trends, on a monthly basis. An action plan was in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection, confirmed that these were appropriately managed.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner. These included medication and equipment alerts and alerts regarding staff that had sanctions imposed on their employment by professional bodies.

Discussion with the registered manager and the review of records evidenced that quality monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, and copies of the reports were available for patients, their representatives, staff and Trust representatives. An action plan was generated to address any areas for improvement; discussion with the manager and a review of relevant records evidenced that all areas identified in the action plan had been addressed.

Areas of good practice

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

Areas for improvement

The following area was identified for improvement: the auditing of infection prevention and control measures in the home should evidence that an action plan has been implemented to address any shortfall identified during auditing.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Vincy Vincent, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time To be completed by: 1 May 2018	<p>The registered person shall ensure that the control of substances hazardous to health (COSHH) and the infection prevention and control procedures are in accordance with regional guidance and are monitored as part of the homes quality auditing systems.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Control procedures have been reviewed by home managers and we are fully compliant with COSHH and the infection prevention and control procedures as required .On going monitoring and auditing system have been implemented .</p>
Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
Area for improvement 1 Ref: Standard 35.4 Stated: First time To be completed by: 1 May 2018	<p>The registered person shall ensure that quality audits evidence that where a shortfall has been identified a corresponding action plan is implemented to address the shortfall.</p> <p>Ref: Section 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: The shortfalls recently identified during the unannounced inspection on the 15/3/18 have now being fully rectified and will continue on an ongoing basis.</p>
Area for improvement 2 Ref: Standard 4.8 Stated: First time To be completed by: 2 October 2017	<p>The registered person shall ensure care plans evidence the desired daily fluid intake for individual patients and the action to be taken, and at what stage, should the desired target not be met.</p> <p>Ref: Section 6.2</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <hr/> <p>Response by registered person detailing the actions taken: This area for improvement has already been adressed and we are currently fully compliant with the standard .</p>

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



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