

Inspection Report

1 July 2021



Hillcrest Care Facility

Type of service: Nursing Home
Address: 23 Old Mountfield Road,
Omagh, BT79 7EL
Telephone number: 028 8225 1222

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

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| Organisation/Registered Provider: Knockmoyle Lodge Ltd Responsible Individual: Mrs Linda Florence Beckett | Registered Manager: Mr Caine McGoldrick - not registered |
| Person in charge at the time of inspection: Mr Caine McGoldrick | Number of registered places: 59 This figure includes a maximum of 12 patients in category NH-DE. The home is also approved to provide care on a day basis for four persons. |
| Categories of care: Nursing Home (NH) I – old age not falling within any other category DE – dementia PH – physical disability other than sensory impairment. | Number of patients accommodated in the nursing home on the day of this inspection: 58 |
| Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 59 patients. There are two units; Hillcrest unit which has a designated dementia unit on the ground floor and Hillview unit. Patient bedrooms and living areas are located over two floors within each of the units and all bedrooms are single occupancy with an en-suite. Patients have access to communal lounges, dining areas and an outdoor space. | |

2.0 Inspection summary

An unannounced inspection took place on 1 July 2021 from 10.10 am to 6.30 pm. The inspection was carried out by a care inspector.

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

It was positive to note that all of the areas for improvement from the previous inspection had been met. Two new areas for improvement were identified during this inspection in relation to the accuracy of recommended daily fluid targets within patient care records and quality governance audits.

Patients told us that they felt well looked after. Patients who were less able to communicate their views were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

Based on the findings of the inspection RQIA were assured that the delivery of care and service provided in Hillcrest Care Facility was safe, effective, compassionate and that the home was well led.

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

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

Fourteen patients and ten staff were spoken with. Patients told us that they felt well cared for, enjoyed the food and that staff were helpful and friendly. No questionnaires were returned. Staff said that the manager was very approachable, teamwork was great and that they felt well supported in their role. One staff member said that staffing levels had recently been increased within one of the units to ensure that the needs of the patients are met and they welcomed the addition of extra staff to the duty rota. There was no feedback from the staff online survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

| Areas for improvement from the last inspection on 15 January 2021 | | |
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| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 13 (1) (a) Stated: Third and final time | <p>The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.</p> <p>Specific reference to patients' care records and daily evaluation notes:</p> <ul style="list-style-type: none"> • Where a patient has been repositioned the frequency should reflect the current care plan and state the intervention on each repositioning • Records relating to a patients activities of daily living are reviewed and updated to reflect their current needs • Care plans and risk assessments are reviewed on a monthly basis or more frequently as deemed necessary. | Met |
| | <p>Action taken as confirmed during the inspection: Review of a sample of care records and discussion with staff evidenced that this area for improvement has been met.</p> | |
| Area for improvement 2 Ref: Regulation 27 (4) (b) Stated: Second time | <p>The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of patients in the home.</p> <p>Specific reference to ensuring that fire doors are not propped open.</p> | Met |
| | <p>Action taken as confirmed during the inspection: Observation of the environment and discussion with staff evidenced that this area for improvement has been met.</p> | |
| Area for improvement 3 | <p>The registered person shall ensure that a robust governance system is implemented and</p> | Met |

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| <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> | <p>maintained to promote and assure the quality of nursing and other services in the home.</p> | |
| <p>Area for improvement 4</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> | <p>Action taken as confirmed during the inspection: Review of a sample of governance records and discussion with staff evidenced that this area for improvement has been met.</p> | Met |
| <p>Area for improvement 5</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> | <p>The registered person shall ensure that the monthly quality monitoring visit report is robust, that it provides sufficient information on the conduct of the home; with an action plan and timescales to address any deficits identified in a timely manner.</p> <p>Action taken as confirmed during the inspection: Review of a sample of monthly quality monitoring reports evidenced that this area for improvement has been met.</p> | |
| <p>Area for improvement 6</p> <p>Ref: Regulation 27 (4) (a) (b)</p> <p>Stated: First time</p> | <p>The registered person shall ensure that all staff employed to work in the home are aware of and adhere to the infection prevention and control guidelines and best practice requirements.</p> <p>With specific reference to ensuring that the deficits in practice are addressed immediately to ensure the safety of patients and staff.</p> <p>Action taken as confirmed during the inspection: Observation of staff practices and discussion with staff evidenced that this area for improvement has been met.</p> | Met |
| | <p>The registered person shall take adequate precautions against the risk of fire.</p> <p>With specific reference to ensuring that:</p> <ul style="list-style-type: none"> • all fire doors are able to close fully when activated • fire doors with surface damage are repaired/replaced • the holes in the identified ceiling are repaired • storage arrangements are reviewed to ensure that combustible items are not stored in rooms without appropriate fire detection devices. | |

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| | <p>Action taken as confirmed during the inspection: Observation of the environment and discussion with staff evidenced that this area for improvement has been met.</p> | |
| <p>Area for improvement 7 Ref: Regulation 27 (4) (e) (f) Stated: First time</p> | <p>The registered person shall take adequate precautions against the risk of fire.</p> <p>With specific reference to ensuring that:</p> <ul style="list-style-type: none"> • fire drills are recommenced and a record is maintained for inspection • fire safety awareness training is provided twice yearly and • a record is maintained within the home for inspection. | Met |
| | <p>Action taken as confirmed during the inspection: Review of a sample of governance records, staff training records and discussion with staff evidenced that this area for improvement has been met.</p> | |
| <p>Area for improvement 8 Ref: Regulation 27 (2) (b) (d) Stated: First time</p> | <p>The registered person shall ensure that the premises are kept in good state of repair, kept clean and reasonably decorated.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • surface damage to identified door frames, skirting boards, over bed tables, bedframes and walls that were scuffed, floor covering within a lounge in Hillcrest with black scuff marks • identified chairs where the fabric was torn • addressing the malodour and • replacing the carpet in the identified bedroom. | Met |
| | <p>Action taken as confirmed during the inspection: Observation of the environment and discussion with staff evidenced that this area for improvement has been met.</p> | |
| <p>Area for improvement 9 Ref: Regulation 14 (2) (a)</p> | <p>The registered persons must ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected at all times from hazards to their health.</p> | Met |

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| Stated: First time | Action taken as confirmed during the inspection: Observation of the environment and discussion with staff evidenced that this area for improvement has been met. | |
| Area for improvement 10 Ref: Regulation 32 (h) Stated: First time | The registered persons must ensure that that the nursing home, including all spaces, is only used for the purpose for which it is registered. Action taken as confirmed during the inspection: Observation of the environment and discussion with staff evidenced that this area for improvement has been met. | Met |
| Area for improvement 11 Ref: Regulation 14 (2) (b) (c) Stated: First time | The registered person shall ensure that procedures are implemented for the safe use of all bedrails in accordance with health and safety regulations and records maintained to evidence the checks have be completed and any deficits identified are addressed. Action taken as confirmed during the inspection: Review of a sample of governance records and discussion with staff evidenced that this area for improvement has been met. | Met |
| Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015) | | Validation of compliance |
| Area for improvement 1 Ref: Standard 11 Stated: Second time | The registered person shall ensure the programme of activities reflects the preferences and choices of the patients and is evaluated regularly. This shall be displayed in a suitable format and a record kept of all activities that take place, with the names of the person leading them and the patients who participate. Arrangements for the provision of activities should be in place in the absence of the patient activity leader. Action taken as confirmed during the inspection: Review of the activity planner and discussion with staff evidenced that this area for improvement has been met. | Met |
| Area for improvement 2 Ref: Standard 39 | The registered person shall ensure that a system is in place to ensure that mandatory training requirements are met. | Met |

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| <p>Stated: First time</p> | <p>Action taken as confirmed during the inspection: Review of a sample of staff training records and discussion with staff evidenced that this area for improvement has been met.</p> | |
| <p>Area for improvement 3 Ref: Standard 35 Stated: First time</p> | <p>The registered person shall ensure that that an effective system is implemented and monitored for managing the professional registration of care staff with NISCC.</p> <p>Action taken as confirmed during the inspection: Review of a sample of governance records evidenced that this area for improvement has been met.</p> | Met |
| <p>Area for improvement 4 Ref: Standard 41 Stated: First time</p> | <p>The registered person shall ensure the staff duty rota includes:</p> <ul style="list-style-type: none"> • the hours worked by the manager and the capacity in which they were worked • the person in charge of the home in the absence of the manager • the full names of staff • the exact hours worked by staff. <p>Action taken as confirmed during the inspection: Review of a sample of staff duty rotas evidenced that this area for improvement has been met.</p> | Met |
| <p>Area for improvement 5 Ref: Standard 6 Stated: First time</p> | <p>The registered person shall ensure that patients' right to privacy is upheld with specific reference to ensuring that the internal doors within the identified shower rooms are immediately reviewed to ensure that no other patient can access these rooms when occupied by another patient.</p> <p>Action taken as confirmed during the inspection: Observation of the environment and discussion with staff evidenced that this area for improvement has been met.</p> | Met |
| <p>Area for improvement 6 Ref: Standard 4 Stated: First time</p> | <p>The registered person shall ensure that patients' personal care and grooming needs are met and that care records reflect specific measures on how to maintain patients' personal care where an assessed need is identified.</p> | Met |

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| | <p>Action taken as confirmed during the inspection: Observation of care delivery, review of a sample of care records and discussion with patients and staff evidenced that this area for improvement has been met.</p> | |
| <p>Area for improvement 7 Ref: Standard 37 Stated: First time</p> | <p>The registered person shall ensure that the confidentiality of patients' care records is effectively maintained at all times.</p> <p>Action taken as confirmed during the inspection: Observation of care records and discussion with staff evidenced that this area for improvement has been met.</p> | Met |

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of a sample of employee recruitment records evidenced that robust systems were in place to ensure that patients are protected.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling, fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

Staff said teamwork was good and that the manager was approachable. Staff also said that, whilst they were kept busy, the number of staff on duty was satisfactory to meet the needs of the patients and as mentioned above in section 4.0, staffing levels within one identified unit had been increased.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty.

Patients said that they felt well looked after and that staff were attentive. One patient commented "the staff are very good" and a further patient referred to the staff as "very kind people".

There were safe systems in place to ensure staffing was safe to ensure that patients' needs were met by the number and skill mix of the staff on duty.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

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

Patients who were less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records relating to repositioning were mostly well maintained.

Examination of records and discussion with the manager and staff confirmed that the risk of falling and falls were well managed. Review of records showed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. Staff also completed a post fall review to determine if anything more could have been done to prevent the fall.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The lunchtime dining experience was seen to be a pleasant opportunity for patients to socialise and the atmosphere was calm and relaxed.

Staff had made an effort to ensure patients were comfortably seated and enjoyed their meal. There was evidence that patients' needs in relation to nutrition and the dining experience were being met. For example, staff recognised that patients may need a range of support with meals and were seen to helpfully encourage and assist patients as required.

There was a choice of meals offered, the food was attractively presented and smelled appetising. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient's likes and dislikes. There was a variety of drinks available. Patients told us they very much enjoyed the food provided in the home.

Patients who choose to have their lunch in their bedroom had trays delivered to them and the food was covered on transport. A menu was displayed within each dining room except for the dementia unit. This was discussed with the manager who agreed to ensure that a daily menu is displayed throughout all dining rooms going forward.

Staff told us how they were made aware of patients' nutritional needs to ensure that recommendations made by the Speech and Language Therapist (SALT) were adhered to. Discussion with staff evidenced that they were providing the correct diet as recommended by SALT. However, there were inconsistencies in the records reviewed for two patients. This was discussed with the manager and the records were updated prior to the completion of the inspection.

The recommended daily fluid targets were recorded within patients care records and daily fluid intake recording charts. On review of three patients care records there were inconsistencies in the recommended daily fluid targets. This was discussed in detail with the manager and an area for improvement was identified.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Review of four patient care records evidenced that they were mostly well maintained and any identified care plans and/or records that were inaccurate were updated prior to the completion of the inspection. We identified that care plans and risk assessments within one patient's folder did not provide the date of when these had been reviewed but the month and year only. Details were discussed with the manager who agreed to discuss this with relevant staff and to monitor going forward.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Whilst significant improvements had been observed in relation to fire safety since the last inspection, we observed one fire door held open and brought this to the attention of the staff who immediately closed the door. This was discussed with the manager who provided assurances that he would continue to monitor and address any poor practice with the staff responsible during daily walk arounds.

The home was warm, clean and comfortable. There was evidence that a number of areas had recently been painted or had flooring replaced. The manager confirmed that refurbishment works were ongoing including the replacement of identified furniture with surface damage to ensure the home is well maintained. A system was in place to ensure any maintenance issues were reported and addressed in a timely way.

Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated and suitably furnished. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices. The garden and outdoor spaces were well maintained with areas for patients to sit and rest.

There was evidence of improvement in the management of practices relating to the control of substances hazardous to health (COSHH). However, one sluice room door had not been shut tight to allow the lock to secure the door. Details were discussed with the manager who agreed to confirm the action he had taken to address this matter with staff. This confirmation was received on 2 July 2021 and RQIA were assured this matter had been addressed.

The Manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves. Visiting and care partner arrangements were managed in line with the DoH and infection prevention and control (IPC) guidance.

Policies regarding visiting and the care partner initiative had been developed and the manager advised that these would be updated to reflect the most recent guidelines.

A linen trolley was observed with incontinence products outside of the packaging within an identified unit. The associated IPC risks were discussed with the manager who agreed to communicate with relevant staff and to monitor during daily walk around.

The manager said that cleaning schedules included frequent touch point cleaning and this was carried out by both domestic and care staff on a regular basis. There was a good supply of PPE and hand sanitising gel in the home. The manager also said that any issues observed regarding IPC measures or the use of PPE were immediately addressed.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could go out for a walk when they wanted, remain in their bedroom or go to a communal room when they requested.

Patients were observed enjoying activities which had been arranged by the activity coordinator. Patients' needs were met through a range of individual and group activities, such as reflective thoughts, arts and crafts, music, games, exercise and walks. Patients commented positively on the activities provided.

A weekly schedule of activities was available and the manager advised that the format and size of the activity schedule was currently under review to make it easier to read.

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

It was evident that patients could choose how they spent their day and that staff supported them to make these choices.

5.2.5 Management and Governance Arrangements

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

There has been no change to management arrangements for the home since the last inspection. The manager said they felt well supported by the responsible individual and the organisation.

There were systems in place and a designated person identified to oversee the appropriate safeguarding procedures and the safeguarding policy. All staff were required to complete adult safeguarding training on an annual basis; records confirmed good compliance with this training. There was evidence that incidents were reported to the local Trust appropriately.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Where deficits are identified the audit process should include an action plan with the person responsible for completing the action, a time frame for completion and a follow up to ensure the necessary improvements have been made.

Whilst most audits included the above measures a number of environmental and IPC audits did not complete the full cycle and as mentioned above in section 5.2.2 there were a number of deficits identified within care records which had not been identified through the audit process. Details were discussed with the manager and an area for improvement was identified.

The home was visited each month by a representative of the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed and available for review by patients, their representatives, the Trust and RQIA.

There were systems in place to ensure that patients were safely looked after in the home and that staff were adequately trained for their role in keeping patients safe.

6.0 Conclusion

Patients were seen to be content and settled in the home and in their interactions with staff. Staff treated patients with respect and kindness. There were safe systems in place to ensure staff were trained properly; and that patient's needs were met by the number and skill of the staff on duty. Care was provided in a caring and compassionate manner.

Positive improvements had been made to the refurbishment of the home since the last inspection. It was also positive to note that all areas for improvement since the last inspection have been met. Two new areas for improvement were identified during this inspection in relation to the accuracy of recommended daily fluid targets within patient care records and quality governance audits.

Based on the inspection findings and discussions held it was evident that Hillcrest Care Facility was providing safe and effective care in a compassionate manner; and that the management team had made the necessary improvements to ensure the service is well led.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Care Standards for Nursing Homes (April 2015).

| | Regulations | Standards |
|----------------------------------------------|-------------|-----------|
| Total number of Areas for Improvement | 0 | 2 |

Areas for improvement and details of the Quality Improvement Plan were discussed with Caine McGoldrick, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015) | |
| <p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2021</p> | <p>The registered person shall ensure that care records are accurately maintained throughout all relevant documentation. With specific reference to the patients recommended daily fluid target.</p> <p>Ref: 5.2.2</p> |
| | <p>Response by registered person detailing the actions taken: A full review of residents minimum fluid targets has been completed, with involvement from community dietician. Streamlined process for managing this now in place, in line with evidenced based practice.</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2021</p> | <p>The registered person shall ensure that quality governance audits are robust at identifying deficits with a clear action plan, the person responsible for completing the action and follow up.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • care records • environment • IPC. <p>Ref: 5.2.5</p> |
| | <p>Response by registered person detailing the actions taken: Audits in question have been updated to include the complete quality cycle.</p> |

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