



# Unannounced Care Inspection Report 5 September 2019



## Cairnmartin Court Care Home

**Type of Service: Nursing Home (NH)**

**Address: 250 Ballygomartin Road, Belfast, BT13 3NG**

**Tel No: 028 9072 2050**

**Inspectors: Sharon McKnight, Carmel Treacy, (Care) Paul Nixon  
(Medicines Management) & Briege Ferris (Finance).**

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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.

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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 31 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Amore Elderly Care Limited  <b>Responsible Individual</b> Nicola Cooper	<b>Registered Manager and date registered:</b> Fiona Archer  10 August 2018
<b>Person in charge at the time of inspection:</b> Fiona Archer	<b>Number of registered places:</b> 31
<b>Categories of care:</b> Nursing Home (NH) DE – Dementia.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 21

### 4.0 Inspection summary

An unannounced inspection took place on 5 September 2019 from 09:15 hours to 17:05 hours.

This inspection was undertaken by the care inspector supported by the pharmacy and finance inspectors.

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

Areas for improvement in respect of previous finance and medicines management inspections have also been reviewed and validated as required.

Evidence of good practice was found in relation to the provision and training of staff, patient safety and medicines management. The environment was safely managed.

There were examples of good practice in relation to the assessment of patients' needs and the planning of how these needs would be met. Patients were attended to by their GP and other healthcare professionals as they required. Staff were well informed of the needs of the patients and worked well as a team to deliver the care patients' required.

We observed that patients were offered choice with their daily routine, that systems were in place to gain relatives opinion of the day to day running of the home and the activities provided had a positive impact on the patients.

There were stable management arrangements with systems in place to provide management with oversight of the services delivered.

Areas requiring improvement were identified with regard to care records, the review of the monthly monitoring report and a number of finance records.

Comments received from patients, people who visit them, healthcare professionals and staff during and after the inspection, are included in the main body of this report.

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
<b>Total number of areas for improvement</b>	*3	3

\*The total number of areas for improvement include three which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Fiona Archer, Manager, Renato Lazzio, Deputy Manager and Sharon Butler, Regional Care Director, 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 on 28 November 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 28 November 2019. 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including pharmacy and finance issues, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff for the period 19 August – 8 September 2019
- 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
- two staff recruitment and induction files
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of monthly visits undertaken on behalf of the registered provider
- RQIA registration certificate
- medicines management records
- finance records

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either; 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 last care inspection dated 28 November 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 4.9 <b>Stated:</b> Second time	The registered person shall ensure that body maps accurately reflect the patients' skin condition. When new body maps are completed previous documents should be discontinued.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of care records evidenced that this area for improvement has been met.	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 44 <b>Stated:</b> First time	The registered person shall ensure that the management of odours in the identified bedrooms is reviewed and necessary action taken to eliminate the malodour.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  A review of the environment evidenced that odours were appropriately managed.	

Areas of improvement generated from previous finance or medicines management inspections have also been validated.

## 6.2 Inspection findings

### 6.3 Is care safe?

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

A system was in place to identify appropriate staffing levels to meet the patient's needs. A review of the staff rotas for the period 19 August – 8 September 2019 confirmed that the staffing numbers identified were provided. It was obvious from the relaxed interactions between staff and patients that there were good relationships between them. We observed that those patients, who, due to their frailty were unable to request staffs' attention, were regularly attended by staff.

We discussed the staffing levels with nursing and care staff; all were satisfied that there was enough staff to meet the patients' needs.

We provided questionnaires to gain the views of relatives and staff who were not available during the inspection. Unfortunately there were no responses received.

We discussed how staff were recruited and reviewed the recruitment records. The records confirmed that the appropriately checks had been completed with applicants to ensure they were suitable to work with older people. Newly appointed staff completed a structured induction to enable them to get to know the patients, working practices and the routine of the home.

The home provides a range of training for staff relevant to their roles and responsibilities. The manager monitors compliance with training for all staff. Staff registration with their regulatory body is checked on a monthly basis to ensure they remain appropriately registered.

We discussed how patients are protected from abuse. Safeguarding and protection of patients is included in the induction and annual training programme for staff including how can report any concerns.

Assessments to identify patients' needs were completed at the time of admission to the home and were reviewed regularly. Where a risk to a patient was identified, for example a risk of falls or poor nutrition, a plan of care to minimise each risk was put in place. We observed that some patients had bedrails erected; whilst this equipment had the potential to restrict patients' freedom we were satisfied that these practices were the least restrictive possible and used in the patient's best interest.

If a patient had an accident a report was completed at the time. We saw from the care records that the circumstances of each fall were reviewed at the time and the plan of care altered, if required. The manager reviewed the accidents in the home on a monthly basis to identify any trends and consider if any additional action could be taken to prevent, or minimise the risk of further falls. Patients' next of kin and the appropriate health and social care trust were informed of all accidents. RQIA were also appropriately notified.

The environment in Cairnmartin Court was warm and comfortable. The home was clean and fresh smelling throughout. Patients bedrooms had been individualised with pictures, family photographs and ornaments brought in from home. No issues were observed with fire safety. The access to fire escapes was clear and fire doors in place were secured with magnetic hold open devices.

### **Findings of medicines management inspection**

The sample of medicines examined showed that patients were receiving their prescribed medicines.

Medicines were managed and recorded in compliance with legislative requirements, professional standards and guidelines. Medicines were managed by staff who had been trained and deemed competent to do so. There were procedures in place to ensure the safe management of medicines during a patient's admission to the home. Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. There were satisfactory arrangements in place to manage changes to prescribed medicines. Audits which cover all areas of medicines management are performed regularly, discrepancies investigated and records maintained. There were robust arrangements in place for the management of medicine related incidents.

Medicines were safely and securely stored in compliance with legislative requirements, professional standards and guidelines. Medicines were stored in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened.

The management of controlled drugs was in compliance with legislative requirements, professional standards and guidelines. Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in the controlled drug record book. Checks were performed on controlled drugs which require safe custody, at the end of each shift. Additional checks were also performed on other controlled drugs, which is good practice. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to provision and training of staff, patient safety and medicines management. The environment was safely managed.

## Areas for improvement

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

### 6.4 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 care plans were in place to direct the care required. We reviewed the management of nutrition, patients' weight, management of infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Arrangements were in place to identify patients who were unable to mobilise or move independently and therefore at greater risk of skin breakdown. Pressure relieving care was recorded on repositioning charts. These charts evidenced that the patients were assisted by staff to change their position regularly. Whilst patients were being repositioned regularly the frequency differed from what was recorded in patients' care plans. This was identified as an area for improvement.

We reviewed how patients' needs in relation to wound prevention and care were met. Care plans were in place detailing the required dressings. When dressing regimes are changed care plans should be updated to reflect the current treatment; this was identified as an area for improvement. Records confirmed that wound care was in keeping with the care plan instructions. Records also evidenced that where necessary advice on the management of wounds was sought from healthcare professionals in the local health and social care trust. For example podiatry and tissue viability nurses (TVN).

Patients' nutritional needs were identified through assessment and care plans detailing the support patients need to meet their nutritional needs were put in place. Patients' weights were kept under review and checked monthly to identify any patient who had lost weight. Referrals were made to dietetic services as required and details were recorded in the patient's care records. We spoke with a dietician who was reviewing a patient's nutritional needs. They confirmed that patients were referred in a timely manner, that the referrals made were appropriate and that, following assessment, any recommendation were actioned appropriately by staff. The dietician was complimentary regarding staff knowledge of their patients and the maintenance of patient records relating to their nutritional needs.

We reviewed the prevention and management of falls. Care records evidenced that a post falls review was completed within 24 hours of the patient sustaining a fall to identify the possible reason for the fall and take any preventative action necessary.

We reviewed the accident book and can confirm that recorded accidents were appropriately managed with medical advice as required. Staff we spoke with were aware of those patients who were assessed as at high risk of falls. Assistive technology, for example the use of alarm



mats, was in use for a number of patients and, as previously discussed, was managed appropriately in the best interest of patients.

Staff worked well as a team and reported that there were good relations between differing roles within the team.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the assessment of patients' needs and the planning of how these need would be met. Patients were attended to by their GP and other healthcare professionals as they required. Staff were well informed of the needs of the patients and worked well as a team to deliver the care patients' required.

### Areas for improvement

Two areas for improvement were identified in relation to care records.

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>0</b>	<b>2</b>

#### 6.5 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.**

We arrived in the home at 09:30 hours and were met immediately by staff who offered us assistance. Patients were present in the lounges or finishing their breakfast in the dining room, as was their personal preference. Some patients remained in bed, again in keeping with personal preference. The atmosphere in the home was calm and quiet. Due to the day to day changes in patients wishes staff were very aware of the need for a flexible routine.

We spent time with the patients in the lounge throughout the day. Patients told us the following:

"I'm nice and warm."

"I like watching all that goes on."

"Everyone's very good."

We spoke with the relative of one patient; they were very happy with the way their relative was being looked after.

As previously discussed we provided questionnaires in an attempt to gain the views of relatives, and staff who were not available during the inspection; unfortunately there were no responses received.

The home has received numerous compliments, mainly in the form of thank you cards. The most recent cards were displayed throughout the home for patients and visitors to see. These are some of the comments included:

"Thanks for all the care you gave my ..."

“Coming to see her was part of our routine, we will miss you all.”  
 “we really appreciate all the things you did to make her stay so comfortable.”

Questionnaires are provided annually to relatives in an attempt to gain their opinion on behalf of their loved one; these were recently provided in August 2019. Relatives were asked to give their opinions on a variety of areas including staffing, complaint satisfaction, activities, meals and the environment. A report of the responses will be completed and shared with the relatives and staff in due course.

We spoke at length with the activity co-ordinator who explained that they aim to provide activities that are reflective of the patients’ cultural background, life styles and their past interests. They also explained that whilst they have responsibility for planning and arranging the programme of activities the delivery of activities is “everyone’s business” and that care staff deliver activities as part of their role. The activity programme includes day to day activities in the home for example music, crafts, reminiscence alongside opportunities for outings. As well as the activities provided by staff people also visit the home to provided entertainment such as musical afternoons and pet therapy. A number of staff, relatives and patients were taking part in the forthcoming Belfast Memory Walk in support of the Alzheimer’s Society.

The activity programme also forges links with the locally community. Children from a local primary school have been visiting regularly and enjoy talking with the patients, playing games and learning about dementia.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to patient choice and the daily routine, systems to gain relatives opinion of the day to day running of the home and the positive impact of the activities provided.

### **Areas for improvement**

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

#### **6.6 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.**

There are well established management arrangements in the home. The manager, who has responsibility for the day to day operation of the home, has been registered with RQIA since 2018 and was knowledgeable of her responsibility with regard to regulation and notifying the appropriate authorities of events. They are supported in their role by a deputy manager and administrator who were present throughout the inspection and knowledgeable of the day to day running of the home and patient care. Staff reported that the manager was very approachable and available to speak to. Support is also provided by the Regional Care Director.

The manager reviews the services delivered by completing a range of monthly audits. Areas audited included the environment, medications, care records and accidents and incidents. Amore Elderly Care Limited, as the owners of the home, are required to check the quality of the services provided in the home and complete a report. This was done through a monthly unannounced visit by a manager of another home. The reports included the views of patients, relatives and staff, a review of records, for example accident reports, complaints records and a review of the environment. The reports of these visits were available in the home. An action plan for any areas of improvement was included in the report. Whilst the areas for improvement were reviewed during the next visit any issues that had not been fully addressed were not always carried forward on the action plan to be reviewed at the next visit. This was identified as an area for improvement.

Records were available of any complaints received. The records included the detail of the complaint, the outcome of any investigations, the action taken, if the complainant was satisfied with the outcome and how this was determined. Patients and relatives told us that they were confident that any concerns or issues brought to the attention of staff would be appropriately addressed.

Examples of compliments received have been provided in section 6.5 of this report.

### **Findings of the finance inspection**

A finance inspection was carried out on 5 September 2019. A review of a sample of patients' records was taken to validate compliance with the areas for improvement identified from the last finance inspection; these included copies of patients' written agreements, records of purchases undertaken on behalf of patients, records of patients' items held in the safe place, records of patients' personal property, records from the patients' comfort fund, records of the reconciliation of monies and valuables held on behalf of patients and records of treatments to patients by the hairdresser and podiatrist.

A review of a sample of the income and expenditure records identified that these were being maintained in line with best practice; receipts were available both for deposits of cash and for items of expenditure.

A review of four patients' files evidenced that copies of signed written agreements were retained within both files. However, the agreements in place were not up to date and there was no evidence that they had been kept up to date over time with the changes to the agreements shared with patients or their representatives, as is required. As this was an area identified for improvement at the last finance inspection, this area has been listed in the QIP for the second time and requires the urgent attention of the registered manager.

A review of the four files also identified that for "personal monies contracts" which provided authority for the home to spend a patient's money on identified goods and service were not in place for all patients. As this was an area identified for improvement at the last finance inspection, this area has been listed in the QIP for the second time and requires the urgent attention of the registered manager.

A sample of hairdressing and podiatry treatment records were reviewed to examine whether these were maintained appropriately. A review of a sample of both types of records identified that the treatment records were not being routinely signed by both the person delivering the treatment and by a representative of the home. As this was an area identified for improvement

at the last finance inspection, this area has been listed in the QIP for the second time and requires the urgent attention of the registered manager.

A review of a sample of property records for four patients evidenced that these were in place, however there was no evidence that these had been updated at least quarterly as required by the Care Standards for Nursing Homes, April 2015. An area for improvement was listed in the QIP for the first time in respect of this finding.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management arrangements and the systems to provide management with oversight of the services delivered and the general controls in place to safeguard patients' money and valuables.

### Areas for improvement

An area for improvement was identified with the review of the action plan of the monthly visits and reconciling of property inventories on a quarterly basis.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Fiona Archer, Manager, Renato Lazzio, Deputy Manager and Sharon Butler, Regional Care Director, 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**

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 5 (2) (a) (b)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 05 October 2019</p>	<p>The registered person shall ensure that at least 28 days written notice is provided to each patient or their representative of any increase in the fees payable by or in respect of the patient; or any variation in the method of payment of the fees or the person by whom the fees are payable. The registered person must ensure that any changes to the individual patients' agreement are agreed in writing by the patient or their representative. Where the patient or their representative is unable to or chooses not to sign the agreement, this must be recorded.</p> <p>Ref: 6.6</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 4 (3)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 05 October 2019</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Correspondence has been sent to all residents representatives to notify them of the increase to regional rates. Each representative has been requested to acknowledge this information by attending the office to sign the Named Resident Agreement.</p> <p>Correspondence has been retained on file to evidence efforts made to establish this contact for each resident. Any representative who has not presented to the administration will receive further correspondence from the management regarding fee changes.</p> <p>Going forward, all resident representatives will be notified of fee increases or other changes to terms and conditions in writing and the above process repeated to acknowledge receipt and agreement to the changes.</p> <p>The registered person shall ensure that the personal allowance contracts for all of the patients within the home are reviewed to ensure that any expenditure which the home is currently making on behalf of the patient should reflect the authorisation provided by each patient or their representative.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Correspondence has been sent to all residents representatives requesting acknowledgement of services outlined in the Personal Allowance Contracts.</p> <p>Correspondence has been retained on file to evidence efforts made to establish this contact for each resident.</p> <p>Any representative who has not presented to the administration will receive further correspondence from the management regarding fee changes.</p>

	<p>Going forward all resident representatives will be notified of changes to the personal allowance contracts in writing and the above process repeated to acknowledge receipt and agreement to the changes.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 4 (9)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 06 September 2019</p>	<p>The registered person shall ensure that the person providing the hairdressing and podiatry services and a member of staff in the home sign the treatment records to verify the treatment and the associated cost to each patient/</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> The hairdresser who provides service at Cairnmartin Court has been informed of the need for all services provided on her visits to the residents to be verified in writing at the time of the activity. This verification needs to be by herself and a member of staff.</p> <p>All receipt and payment of the dues for this service in turn will be recorded by the hairdresser and a member of the management or or administration team.</p> <p>The signed activity record and receipt of payment process records will be kept on file according to Priory policy.</p>
<p><b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 October 2019</p>	<p>The registered person shall ensure that when dressing regimes are changed care plans are updated to reflect the current treatment.</p> <p>Ref 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Each wound for any resident will have an individual wound care regime.</p> <p>The home management has established a process where RN's verify the existence of these care plans by providing the management with a copy of the care plan at the time of implementation and then any updates needed.</p> <p>Management has conducted weekly audits to verify this has been imbedded as practice.</p> <p>Wound care audits are being done as per Priory policy and the review is addressed through audits and discussions at daily flash meeting. Evidence of same is retained on file by management</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b></p>	<p>The registered person shall ensure that the frequency which patients are repositioned is in accordance with their care plan.</p> <p>Ref: 6.4</p>

3 October 2019	<p><b>Response by registered person detailing the actions taken:</b>  Repositioning charts are in place and, at this time, there are no reported issues related to pressure in the home.  Each resident has a care plan in place which outlines their individual care needs.  Discussions have been held between Nursing, Care and Management to ensure that support charts completed by staff attending the direct care of the resident match those of the care plan.  Evidence of risk assessments and evaluations are in place.  Checklists are in place that verify that senior staff review the repositioning chart for correct documentation and compliance with recording</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 35.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 October 2019</p>	<p>The registered person shall ensure that any areas for improvement identified during the monthly monitoring visit and, which have not been fully addressed by the next visit, are carried forward on the action plan.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b>  Monthly monitoring visits, improvements and compliance have been addressed by the Regional Director at the monthly Managers Meeting held in August and Septmeber 2019.  Home manager actions plans are now in place to support needed actions and review on completion. These actions will be be inclusive but not soley defined by the monthly monitoring visit. This will incorprotate other monitoring process's such as out of hours visits, internal and external inspections, audit results,referrals from external bodies.  These process will be reflective of actions under taken to address / progress any issues raised.  The home manager will also outline completed actions directly on the report received from the auditor, specific to the monthly monitoring report  Actions that are not resolved will be outlined on these plans as carried forward issues</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 14.26</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 05 October 2019</p>	<p>The registered person shall ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b>  New inventory record sheets have been introduced for all residents property at the home. Existing inventories have been superceded by this record.</p>



	<p>The record outlines no less than a quarterly review process and is set out on a template that supports review over the year to date. Senior Staff have supported the completion of this activity for all residents in the past month and will work with the management team to define key persons to take this responsibility forward for the new quarter, starting in the new year. Senior staff will countersign all inventories undertaken on the day of the record.</p>
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***\*Please ensure this document is completed in full and returned via Web Portal\****



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